Assessing Alternative Care for Children
in Uganda

June 2018

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ACKNOWLEDGMENTS

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ABBREVIATIONS

ACIU	Alternative Care Implementation Unit
CCT	country core team
CSO	civil society organization
CWD	children with disabilities
DCOF	Displaced Children and Orphans Fund
DOVCU	Deinstitutionalization of Orphans and Vulnerable Children in Uganda
ESFAM	Economic Strengthening to Keep and Reintegrate Children into Families
FARE	Family Resilience Program
ICA	intercountry adoption
KCHPF	Keeping Children in Healthy and Protective Families
M&E	monitoring and evaluation
MGLSD	Ministry of Gender, Labour and Social Development
MIS	management information system
NFAC	National Framework for Alternative Care
NGO	nongovernmental organization
OVC	orphans and other vulnerable children
PAP	prospective adoptive parents
PSWO	probation and social welfare officer
SOP	standard operating procedures
UN	United Nations
UNICEF	United Nations Children's Fund
URSB	Uganda Registration Service Bureau
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

In 2017, the USAID Displaced Children and Orphans Fund (DCOF) of the United States Agency for International Development (USAID) engaged the USAID-funded MEASURE Evaluation to build on and reinforce progress in advancing national efforts on behalf of children who lack adequate family-based care in Uganda. MEASURE Evaluation worked with a Country Core Team (CCT), led by the Ministry of Gender, Labor and Social Development (MGLSD) and comprising government partners and other stakeholders, to design, plan, and conduct a participatory self-assessment of the national alternative care system. The assessment was conducted during a 45-person multi-stakeholder participatory workshop, from November 27 to 30, 2017. The purpose of the assessment workshop was to inform action planning to address high-priority needs identified in alternative care for children. The assessment process and subsequent action planning session will help strengthen country capacity to gather, interpret and use high quality data to make program and policy decisions to improve outcomes for children, rendering this activity an important part of MEASURE Evaluation's work to strengthen mechanisms that underpin and improve the delivery of services.

The assessment tool used at this workshop was originally developed by the DCOF and MEASURE Evaluation, based on United Nations (UN) Guidelines for the Alternative Care of Children. The CCT adapted this structured tool to ensure its applicability in assessing progress on strengthening the system for alternative care for children in Uganda.

During this workshop, group consensus informed responses for a series of standard questions covering each area of care in MEASURE Evaluation's Alternative Care Assessment Framework (Figure 1): preventing unnecessary family separation, foster care, residential care, supervised independent living, kinship care, and other forms of alternative care, adoption, family reunification, and system deinstitutionalization—or a system-wide shift away from residential care. Response options were a predetermined drop-down list of "completely," "mostly," "partly," and "not at all"; or "yes" or "no." During consensus building at the workshop, stakeholders discussed priority recommendations for strengthening the national alternative care system, per the assessment results. After the assessment workshop, MEASURE Evaluation conducted a thematic analysis of each area of care and each system component, which aligns with our priority of looking at systems with a holistic lens.

Overall, the findings and recommendations were reviewed and validated by the CCT and are intended for use by the MGLSD, and other implementing partners working in the alternative care space, to facilitate the identification of high-priority actions that improve programming for children in alternative care in Uganda. Below is a summary of the key findings, organized by system component:

- **Leadership and governance:** Uganda has developed several policies and enacted legislation related to alternative care for children across all care areas. Although Uganda is to be commended for taking this essential step, comprehensive provisions to support specific service areas are not always referenced. Examples of these service areas include specialized services for children with disabilities and specialized preparation, support, and counselling services for carers and children before and after placement in foster care, adoption, or family reintegration. In addition, persistent challenges impede the dissemination, implementation, and enforcement of these laws and policies.

- **Service delivery:** The formal care system in Uganda centers on a residential care approach, primarily run by nonstate actors. Many residential care facilities (RCFs) operate without being registered, and enforcement mechanisms are weak because of limited resources and capacity to conduct and follow up on assessments and inspections. Standards of practice promote quality services for residential care, family reintegration and reunificiation, and some prevention services. However, these standards are not comprehensive—nor are they used regularly to guide service delivery by state or nonstate actors—and monitoring mechanisms are limited that might ensure the delivery of high-quality services. Most services to promote alternative care have been supported by civil society organizations (CSOs) within donor-funded projects. These projects may include services to prevent unnecessary separation of families and to strengthen family reintegration and reunification procedures, including parenting skills training, economic strengthening, individualized case management, and psychosocial support.

- **Workforce:** With the exception of probation and social welfare officers (PSWOs), the qualification and profiles of relevant staff involved in provision of alternative care services are not clearly defined across all areas of care. In addition, there are no standard caseload thresholds for the social workforce involved in the provision of alternative care for children. Training mechanisms to build the capacity and skills of relevant professionals involved in provision and monitoring of alternative care services are limited and are not institutionalized.

- **Monitoring, evaluation, and information systems:** Monitoring and evaluation (M&E) standards and guidelines for alternative care services do not exist: there are few standard indicators (in residential care and family reintegration); data are not regularly collected; roles and responsibilities for monitoring and evaluation are not well-defined; and no data quality assurance processes exist for data on alternative care. The MGLSD is currently developing a Remand Homes Management Information system and the Children's Home Management Information System (Children First Software) to address some of these challenges related to information on children in formal residential care.

- **Social norms and practices:** There is no national advocacy and communication strategy seeking to promote positive norms related to alternative care. Some disparate advocacy and awareness raising efforts have been conducted, supported primarily by CSOs.

- **Financing:** Funding remains a critical issue for alternative care for children. Overall costs for the provision of alternative care services have not been estimated, and there are no specific budget lines related to alternative care at the central or district government level. Development partners and nongovernment actors remain the major sources of funding for alternative care initiatives in the country.

Recommendations

A full list of preliminary recommendations is included on Page 44 of this report and will be used by the MGLSD and partners working on alternative care to inform the development of an action plan. Here we present overarching preliminary recommendations from the assessment workshop by system component.

- **Leadership and governance:** Preliminary recommendations under this system component include disseminating the various policies and laws related to alternative care for children countrywide, strengthening the enforcement of existing legal and policy frameworks, revising the National Framework for Alternative Care to ensure it is consistent with the UN Guidelines on Alternative Care, and strengthening the capacity of the national alternative care implimentation unit (ACIU) to better lead, plan, implement, and monitor alternative care for children.

- **Service delivery:** Preliminary recommendations under this system component include the development of minimum quality standards for all alternative care for children services, ensuring better monitoring of service providers and scaling up the provision of family strengthening and support services to at-risk families (such as child-sensitive social protection schemes, parenting education and support, and household economic strengthening).

- **Workforce**: Preliminary recommendations under this system component include reviewing qualifications and job profiles for all relevant cadres to ensure all areas of alternative care are addressed, and developing and implementing institutionalized in-service training mechanisms for relevant professionals involved in providing alternative care services, including PWSOs, judicial officers, police, teachers, and health workers.

- **Monitoring, evaluation, and information systems:** Preliminary recommendations under this system component include the development of standardized indicators for monitoring alternative care for children and guidelines and standard operating procedures (SOPs) for collecting, collating, analyzing, and reporting data on formal care. There is also a need to ensure data collected by probation and social welfare officers at the district level is reported and used nationally.

- **Social norms and practices:** Preliminary recommendations under this system component include the development of an alternative care advocacy and communication strategy and improving awareness among the community and professionals on the importance of family-based care and the detrimental outcomes for children placed in poor alternative care settings.

- **Financing:** Preliminary recommendations under this system component are to conduct cost estimation exercises for all areas of alternative care, advocate for the allocation and release of government funding for alternative care, and improve mechanisms to track the financial contributions made by private and development partners.

INTRODUCTION

Uganda's alternative care system for children is based on the United Nations Guidelines for Alternative Care of Children (referred to here as "UN Guidelines"), which outline principles and standards for appropriate care of children, to ensure that they grow in a protective environment, free from deprivation, exploitation, danger, and insecurity. To support this agenda, the MGLSD, with funding and technical assistance from the USAID's DCOF and MEASURE Evaluation, conducted a self-assessment of the alternative care system for children through a participatory stakeholder workshop, held November 27–30, 2017, at the Imperial Royale Hotel in Kampala, Uganda.

The assessment workshop aimed to strengthen the capacities of government partners to accomplish the following objectives:

- Provide leadership in implementing a structured assessment of the national alternative care system for children and strategies using a standardized framework and tool

- Identify gaps and continuing needs in alternative care for children

- Develop plans to address high-priority needs in alternative care for children

The purpose of the assessment workshop in Uganda was to inform action planning to address identified high-priority needs in strengthening the alternative care system for children. The preparation and facilitation of the assessment workshop was led by the CCT, which was set up in June 2017. The CCT comprised 10 specialists—including government representatives, CSO members, and academics—the United Nations Children's Fund (UNICEF), and the USAID's Uganda mission. The members of the CCT were selected by the MGLSD in cooperation with USAID and MEASURE Evaluation, based on stakeholder expertise and experience and a commitment to alternative care for children in Uganda.

Forty-five stakeholders participated in the four-day assessment workshop, including stakeholders from MGLSD and other government ministries (such as the Ministry of Health and the Ministry of Internal Affairs); PSWOs from selected district local governments; and representatives from residential care facilities, civil society organizations, academic institutions, and development partners (including USAID/Uganda and UNICEF). Appendix A contains the full participant list.

MEASURE Evaluation submitted a workshop report to the CCT describing the workshop events, recommendations for future assessments, and preliminary outcomes and recommendations. This report provides detailed findings from the assessment, based on analysis, as well as specific recommendations and actions taken by government and partners based on the findings.

ASSESSMENT TOOL AND METHOD

The assessment tool used at this workshop was originally developed by USAID's DCOF and MEASURE Evaluation, based on UN Guidelines, with the aim to assess the alternative care system for children in four countries (Armenia, Ghana, Moldova, and Uganda) according to MEASURE Evaluation's Alternative Care Assessment Framework (Figure 1). We describe an overview of the assessment tool and method. A more detailed summary of the assessment is in "Assessing, Addressing and Monitoring National Care Reform in Uganda: Workshop Assessment Report (MEASURE Evaluation, 2017).

The Uganda CCT reviewed, revised, and finalized the assessment tool and the glossary of key terms (Appendix B), customizing the tool for the Ugandan context. The tool includes several tabs, each representing an area of alternative care for children (Figure 1). Each tab contains a series of statements organized by system component. Workshop participants discussed each statement and provided responses based on group consensus. The tool contains the following predetermined response options: "completely," "mostly," "slightly," "not at all," "yes," and "no." Space was also provided to write detailed comments in the notes section of the tool. The tool includes dashboards to show the status by tab as well as system component.

Figure 1. Assessment framework

Figure developed by Molly Cannon and Mari Hickmann, MEASURE Evaluation, 2017
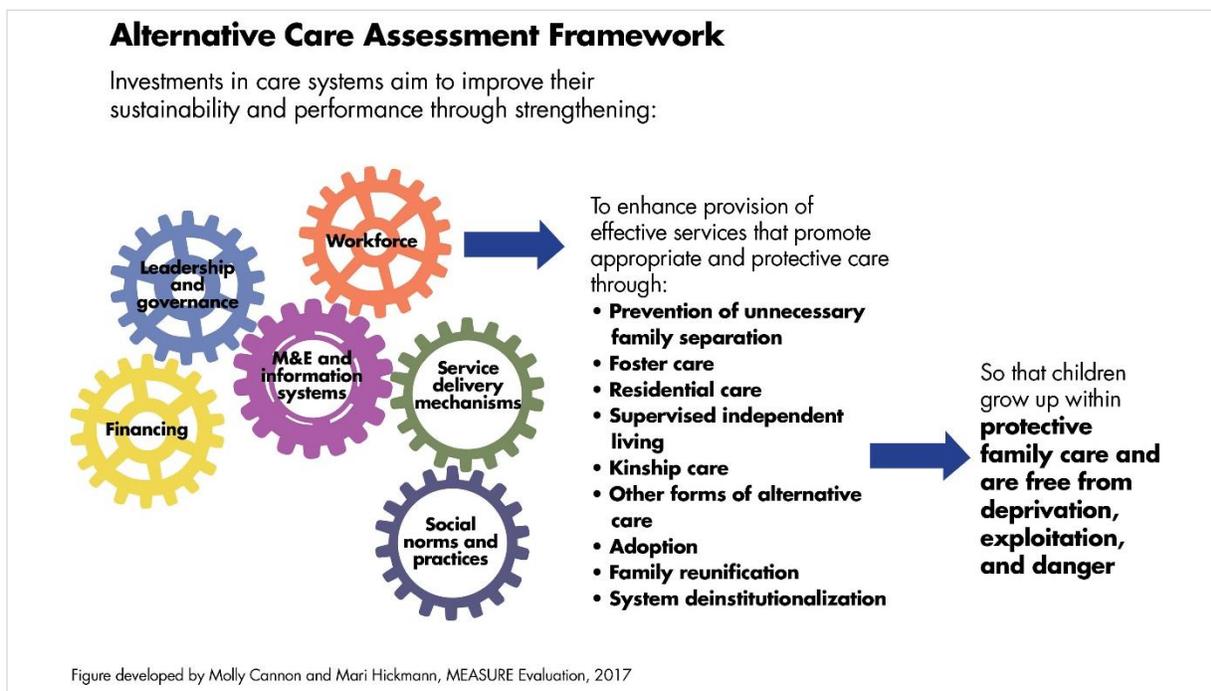
Prior to the workshop, MEASURE Evaluation worked with the CCT to consider various methodologies for the workshop. Ultimately the CCT decided on a methodology where each participant was assigned to one of four groups such that the crosscutting tab was reviewed by all groups, and at least two groups reviewed each of the remaining tabs. We strove to include in each group representatives from a mix of agencies, levels, and specialty areas, to include a wider range of perspectives for group discussion and consensus building. At minimum, each group included a representative from the national MGLSD, a probation and social welfare officer representing district local government, and representatives from civil society. Representatives from other ministries and partner agencies were also spread across groups. Each group was composed of 10 to 12 participants, though group numbers varied day-to-day depending on meeting attendance (Appendix C).

During the workshop, participants responded, based on group consensus, to assessment questions in an Excel-based tool. Participants were placed in diverse stakeholder groups (described above), each facilitated by a CCT member. For each tab, groups were asked to prepare notes and report back in plenary on these key issues:

- Key system weaknesses identified
- Questions where consensus was difficult to reach
- Questions where answers were uncertain
- Recommendations for improvements for each area of care

At the end of each day, MEASURE Evaluation conducted a rapid preliminary analysis through all groups' reports and compared commonalities, differences, and split responses. Responses were categorized as leaning towards the positive or leaning towards the negative. Responses that were "completely," "mostly," and "yes" lean towards the positive. Responses that were "not at all," "slightly," and "no" lean towards the negative. Discrepancies in group responses were highlighted and discussed in the plenary sessions on Days 2–4 of the workshop. The two groups that completed that tab were asked to review and provide justification for their response. The discussion was then opened to all participants in plenary, including groups that did not review that tab, to agree on the appropriate response option.

In addition, there were multiple statements that did not have complete consensus but did not vary widely (e.g., "Completely" versus "Mostly," or "Mostly" versus "Slightly"). Owing to limited time during the four-day workshop, these items were not brought up in plenary. Instead, a meeting was organized with eight CCT and extended core team members to reevaluate these statements, and review the different arguments provided by the groups, to reach consensus. This group also reviewed all discrepancies from tabs completed during the final day of the workshop. In this meeting, participants were divided into two groups who reviewed group responses across specific tabs. Variations in responses on specific items were discussed and consensus reached.

FINDINGS

Findings are summarized in this section according to each area of care. We first describe findings based on the crosscutting questions in the assessment tool. We then provide findings specific to each area of alternative care. Under each area of care, a graph summarizes responses to the assessment statements. Horizontal bars represent system components (e.g., leadership and governance), and each horizontal bar represents the complete set of questions for that system component. Each bar is composed of colored segments that represent the distribution of responses for that system component (e.g., green for completely/yes, yellow for mostly, orange for slightly, and red for not at all/no). These graphs are designed to assist the reader in identifying strong system components (horizontal bars, mostly green); critical system components to improve (system components completely red, or red/orange); and other system components to improve (yellow or mix of yellow/green).

Crosscutting Issues

The legal and normative framework in Uganda provides for gatekeeping mechanisms to prevent children from being unnecessarily separated from their parents and families or placed in alternative care. However, gaps between legislative and policy goals and practice remain, and there are challenges related to disseminating, implementing, and monitoring these laws, policies, and guidelines. Participants attributed the policy-practice gap to poor enforcement mechanisms, inadequate social service workforce, inadequate training for the social service worker force, and the lack of guidelines and practice standards for some alternative care options—such as foster care, adoption, family strengthening, and reunification. A summary of assessment responses for crosscutting alternative care issues is shown in Figure 2.

Figure 2. Crosscutting issues dashboard
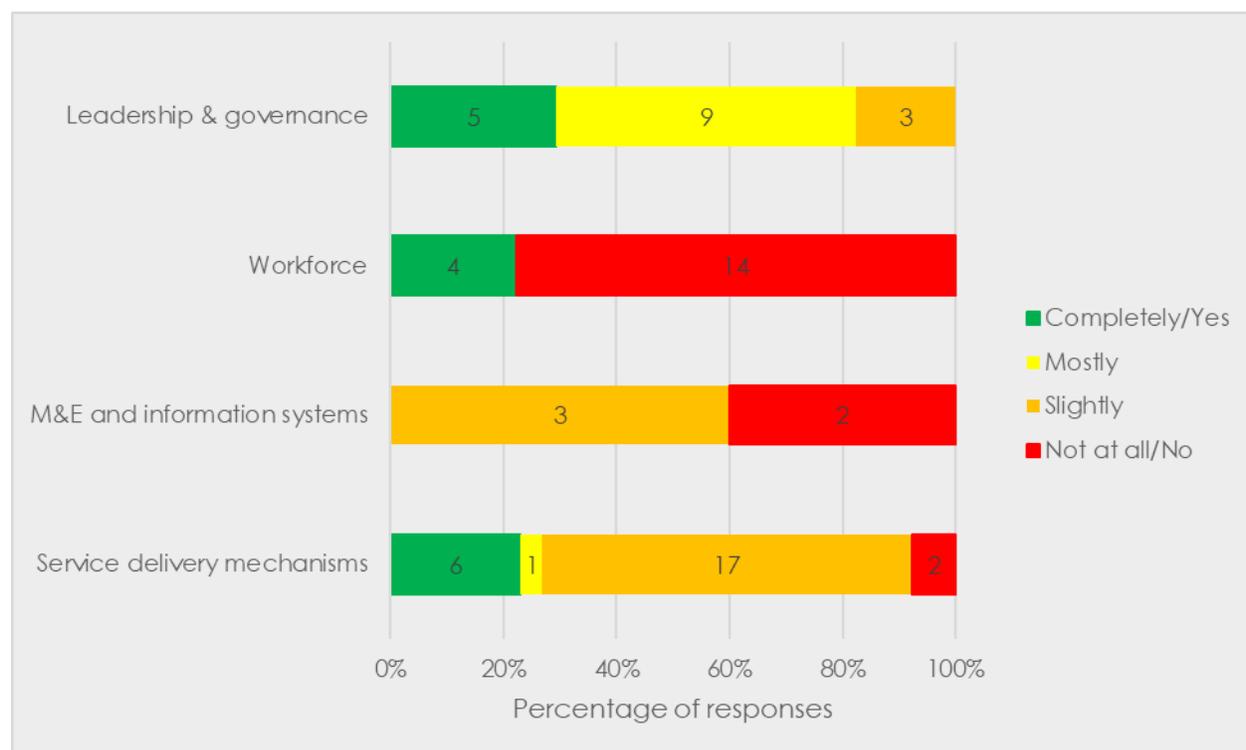
Leadership and Governance

In Uganda, the Children Act, Cap 59 (Ministry of Gender, Labour and Social Development [MGLSD], 1997) (amended in 2016) and the National Framework for Alternative Care (NFAC) (MGLSD, 2012) delineate a standard process for the referral or admission of a child to an alternative care setting, including procedures to screen referrals, authorize placement of children, and ensure admission safeguards, to guarantee the appropriate use of alternative care. Referrals can be made by children themselves; families; professionals from such services as education, health, and police; and members of the public. However, decisions regarding placement of children in formal alternative care should occur through established judicial and administrative procedures outlined in the Children Act, Cap 59 (MGLSD, 1997) and related policy and statutory regulations. A child's placement in formal care is dependent on a care order issued by the court. The formal responsibility for processing admissions to any form of alternative care lies with the PSWO at the district level, who submits the application for a care order along with a written welfare report about the child before making such an order. Courts also have the authority to make orders that mandate family support services for the prevention of separation and the return of children out of care to their families. In addition, the NFAC 2012 provides for the establishment of district alternative care panels as an administrative mechanism to determine foster care and (domestic) adoption placement. No guidelines to direct the establishment of alternative care panels in Uganda exist, but they are currently being developed. These guidelines will outline arrangements for establishing and maintaining the panels, including guidance on the membership, roles, and functions of the panel.

There are no district plans or strategies that align with the alternative care framework. To operationalize the National Orphans and Other Vulnerable Children (OVC) Policy 2004, some districts were given support to develop OVC strategic plans. However, district OVC strategic plans were finalized before the National Framework on Alternative Care was developed and have not yet been revised to include provisions for alternative care (MGLSD).

The MGLSD is responsible for oversight and coordination of gatekeeping, as part of a broader child protection mandate. Its Department of Children and Youth Affairs is responsible for all social services and interventions for children and their families, including children in need of special protection. No functioning national coordination body currently provides multi-sectoral oversight to ensure compliance with alternative care policies. An alternative care implementation unit (ACIU) was established in 2014 within MGLSD to lead and coordinate the process for implementing alternative care for children. However, it is not multi-sectoral, and its functionality is limited by staffing and financial resource constraints. The Action Plan on Alternative Care for Children (2016/17–2020/21) (MGLSD, 2017) provides for the establishment of an inter-ministerial task force to guarantee ministerial-level leadership and foster accountability and multi-sectoral coordination. This has not yet been established.

To a large extent, the legal and normative framework in Uganda reinforce the UN Guidelines' principles of "suitability" and "necessity." For example, the Children Act, Cap 59 and NFAC require a child's separation from family care to be an act of last resort. The act and framework also stipulate that poverty is never sufficient justification for the removal of a child from parental care. The act also requires that each child without parental care be provided a legal guardian or other recognized responsible adult or competent public body, and that removal of a child against the will of his or her parents must always be carried out by an authorized administrative body or judicial authority. Furthermore, the NFAC stipulates the following: care placements must consider factors allowing a child to remain near his or her usual residence; contact must be maintained between the child and family while the child is in alternative care; and siblings must be placed together, unless it is contrary to their best interests. The NFAC also stipulates that decision making on alternative care placement consider the best interests of the child and take place through a judicial, administrative, or other adequate and recognized procedure, with legal safeguards, including, where appropriate, legal representation on behalf of children in any legal proceedings. It also requires children under three years in need of alternative care be placed in a family-based setting.

Uganda's national policy and action plan on disability broadly promote and protect the right to life, access to health services, and the rehabilitation of children with disabilities (CWD). The National OVC Policy 2004 (MGLSD); Universal Primary Education Policy, 1997(Ministry of Education and Sports); and the National Child Labour Policy, 2006 (MGLSD) also reference these services for CWD. However, the NFAC does not provide guidance to ensure that alternative care arrangements meet the needs of CWD and other special needs. Particularly, it does not define or include specific provisions related to specialized support for children with disabilities who are in formal care, including residential care.

Finally, the existing policy framework provides for the following formal complaint mechanisms that allow children to safely report abuse and exploitation; these include suggestion boxes, designated officers, and the Child Help Line. These mechanisms can be used by children in formal care. However, there are challenges in following up with these complaints, and children rarely receive systematic feedback on their concerns.

Service Delivery

Overall, discussions around service delivery revealed gaps between legislative and policy goals and practice. Participants attributed the policy-practice gap to poor enforcement mechanisms, inadequate training for the social service worker force, lack of coordination between the different alternative care providers, and a lack of guidelines and practice standards for some alternative care options, such as foster care, adoption, family strengthening, and reunification. Many duty bearers at local and district levels remain unaware of the different laws, policies, rules, and regulations.

For example, though the existing policy and legal framework allow removal of a child from family care only as a measure of last resort, practice often differs. Parents, for instance, still place children in residential care because they feel unable to cope, owing to financial difficulties, social exclusion, the child's disability, or very often a combination of socioeconomic factors. In addition, children under three years old continue to be placed in residential care without consideration of family-based alternatives. Placement decisions rarely consider proximity to the child's original residence or the ability of the child to maintain contact with his or her family while in alternative care. In some cases, a lack of services near the residence precludes these considerations. Although the NFAC requires that siblings not be separated from each other in care placements unless separation is in the best interests of the children, this guidance is not always followed in practice. The following challenges exist in practice: lack of available foster and adoptive homes willing to accept siblings, varying ages of siblings, and siblings entering care at different times. Furthermore, most children are not oriented before admission to different care options to enable them to understand the rules, regulations, and objectives of the care setting and their rights and obligations therein.

Mandatory procedures for the assessment, planning, and review of children's placements in alternative care are outlined in the Children Act, Cap 59 (amended in 2016) and other statutory regulations such as the Children (Approved Home) Rules (MGLSD, 2013). In addition, the Case Management Handbook (MGLSD, 2016) provides guidance and tools for case planning. However, participants noted that the handbook "does not provide sufficient guidance to inform assessment, case planning and reviews, and case closure," nor does it provide standardized tools for all aspects of the continuum of case management and care provision. Participants expressed concern about the lack of effective and systematic case management tools including tools for referral, assessment, care planning, monitoring, and review.

In addition, existing guidelines and regulations do not specify procedures for specialized case management support for children with disabilities and children with special needs who leave care. Nor do they contain procedures for documenting or registering and tracing unaccompanied or separated children in emergency situations.

Finally, the case management handbook has not been widely disseminated, and relevant government and nongovernmental actors at both national and district levels have not been oriented on existing case management guidelines.

The UN guidelines on Alternative care require that "all entities and individuals engaged in the provision of alternative care for children receive due authorization to do so from a competent authority and are subject to regular monitoring and review" (cf. § 55) (United Nations, 2009). However, in Uganda, not all formal

alternative care service providers are registered and authorized to operate by government, as required by law, and enforcement mechanisms are generally weak. For those registered, authorization is not regularly reviewed by the competent authorities.

Workforce

Standard caseload thresholds currently exist for residential care social workers, health workers, and teachers; however, there are no caseload thresholds for other providers of alternative care for children, such as probation and social welfare officers, community development officers, and para-social workers. For all cadres, the current workforce does not meet the standard caseload thresholds. Civil society, including nongovernmental organizations (NGOs), community-based organizations, and faith-based organizations perform a multitude of functions related to the provision of social services.

Monitoring and Evaluation and Information Systems

Though previous studies have explored reasons for placement of children in alternative care, all used small sample sizes and had limited geographic scope. There are no comprehensive and reliable data—at either the national or district level—regarding the reasons children are placed in alternative care or the number of children who are unaccompanied or separated in emergency situations. Furthermore, there are no multisectoral forums—at either the national or district level—where data on alternative care are regularly shared and reviewed. Some technical working groups where data on alternative care are shared do exist, but these are specific to donor-funded projects and are not institutionalized.

There is an M&E system for OVC and their households in Uganda, and it includes an M&E framework, OVC indicators, an OVC management and information system (MIS), and data quality assurance mechanisms. The National OVC MIS system captures aggregate data on children reached with OVC services in core program areas (e.g., economic strengthening, nutrition, and health). This includes data captured from the integrated OVC register, which registers all OVC and documents the services they received. However, the OVC MIS contains limited information on children in alternative care settings. (See the Family Reunification and Reintegration section of this report.) The system only captures aggregate data and lacks the ability to capture information on individual cases.

Prevention of Unnecessary Family Separation

A robust legal and policy framework that promotes children's right to family exists, though laws and policies are inadequately disseminated, implemented, and enforced. In addition, although various policies and programs exist related to delivery of services for children and families, participants noted that specially targeted interventions to prevent family separation are weak and have insufficient resources. A summary of assessment responses for the "Prevention of unnecessary family separation" area of care is shown in Figure 3.

Figure 3. Prevention of unnecessary family separation dashboard
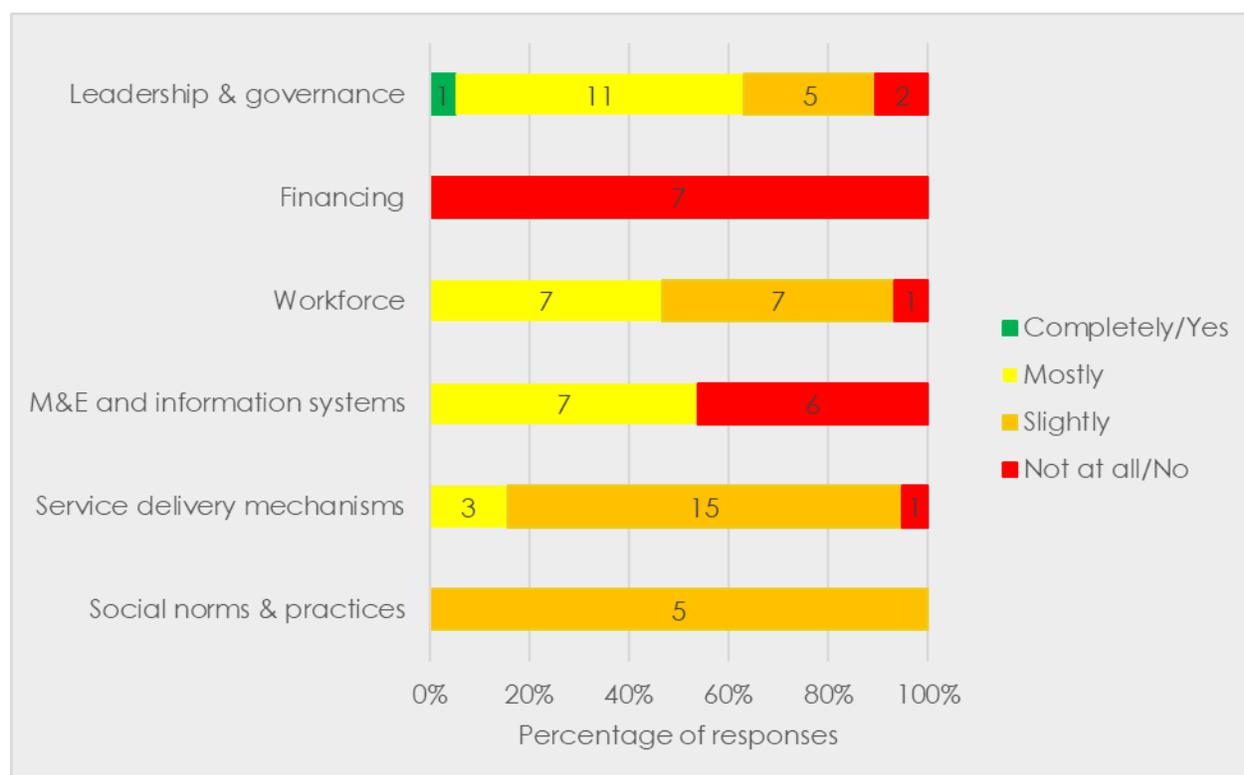
Leadership and Governance

In Uganda, legal provisions that promote the care of children in a family environment and discourage unnecessary family-child separation exist. Both the Constitution of Uganda and the Children Act, Cap 59 (amended in 2016) provides for the right of every child to parental care. According to The Children Act, a child is entitled to live with his or her parents unless this is not in his or her best interests. In addition, the Children Act (Amendment) (MGLSD, 2016) places a duty on the MGLSD to develop a "national strategy" for the provision of prevention and early intervention programs to families, parents, caregivers, and children (S. 42B).

At the policy level, the NFAC 2012 recognizes "the family as the basic unit for growth and development of children" and underscores the need for family support services to prevent separation of children from their families. In addition, several child welfare related policies prioritize the provision of protective essential services and strengthening capacities of families to care for their children. These include the National OVC Policy (MGLSD, 2004) and related action plans, the National Uganda Integrated Early Childhood Development Policy (MGLSD, 2013), National Social Protection Policy (MGLSD, 2015), Action Plan for Children with Disability (MGLSD, 2016) among others. The National Child Policy, currently under development, will replace the National OVC Policy, and it explicitly references the need to strengthen and

support families to care for children and prevent unnecessary family-child separation, and the need to establish and strengthen systems to ensure quality alternative family-based care.[1]

Collectively, the national child and alternative care policies explicitly reference the provision of the following services: parenting skills training, early childhood development and care, household economic strengthening, education and health services, psychosocial support, day care services, and services for dealing with children born in custody. With respect to the latter, children born in custody can stay with their mothers in prison until 18 months.[2] The Prisons Act (MGLSD, 2006) mandates that the state provide clothing and other "necessities of life" to infants living with their mothers in prison, until they reach the age they are to be removed from the prison. However, the following services are neither explicitly referenced nor prioritized in existing policies relevant to family strengthening: services for those dealing with alcohol or substance abuse, respite services, specialized support for parents with disabilities and parents of children with special needs and disabilities, and support and care services for single and adolescent parents and their children.

Participants also expressed concerns that these policies are inadequately disseminated, implemented, and enforced. Further, there are no systematic training mechanisms to orient government and nongovernment workers on their roles and responsibilities in relation to these policies and their application in their work. Nonetheless, some government staff, especially staff in the community-based service department (PSWOs and community development officers) have benefited from in-service training for social workers in child care and protection provided by different CSOs under different donor-funded programs, such as Strengthening Uganda's National Response for Implementation of Services for Orphans and Other Vulnerable Children (SUNRISE-OVC) (Appendix C). There are currently no specific in-service training programs targeting nongovernmental staff involved in the provision of prevention services.

Service Delivery

Some existing programs provide a range of services that seek to strengthen families, including parenting skills training, family violence prevention programs, household economic strengthening, education and health services, early child development and care, and psychosocial support services. Most of these services to support families are provided within the context of OVC programs implemented by different NGOs and may not be distributed across all districts in need of these services. Some of the ongoing projects include Sustainable Comprehensive Responses for Vulnerable Children (SCORE), Sustainable Outcomes for Children and Youth (SOCY), and Better Outcomes for Children and Youth (BOCY) (Appendix D). These programs are primarily funded by development partners.

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[1] To support implementation of this policy, the National Plan of Action for Children has been drafted identifying interventions and expected outcomes for children for each policy area, including parental and family care, and social protection.

[2] According to the Prisons Act of 2006 (§59) When an infant reaches the age of eighteen months, the law requires that the infant be placed with a relative or family friend willing and able to provide support. When this option is not available, the infant is to be placed under the care of a child welfare institution.

In addition, recent alternative care projects such as Deinstitutionalization of Orphans and Vulnerable Children in Uganda (DOVCU), Keeping Children in Healthy and Protective Families (KCHPF), Family Resilience (FARE) and Economic Strengthening to Keep and Reintegrate Children into Families (ESFAM) have prioritized the provision of service to reduce unnecessary separation of children from their families, including parenting skills training, economic strengthening (including cash transfers), psychosocial support, and life skills training (Appendix C). Furthermore, through social protection schemes, such as Social Assistance Grants for Empowerment, the Government of Uganda has also extended cash transfers to vulnerable households. However, such schemes do not reach everyone in need, and exclusion from social protection remains a major challenge.

The provision of certain services aimed at preventing unnecessary separation remains low. These include services dealing with alcohol and substance abuse, respite services, support and care services for single and adolescent parents and their children, specialized support for parents with disabilities and parents of children with special needs and disabilities, and services for children born in custody.

Standards of practice to promote quality prevention services exist for some services. For example, the National Parenting Guidelines (MGLSD, 2016) and the National Quality Standards for the Protection, Care and Support of Orphans and other Vulnerable Children in Uganda include some provisions for services that are relevant for family strengthening. These, however, need to be reviewed for applicability and relevance in the wider context of alternative care provision. Finally, monitoring mechanisms, to ensure delivery of good-quality family strengthening and support services, have not been developed.

Workforce

Probation and social welfare officers, community development officers, health workers, teachers, and institutional care providers have qualifications and profiles relevant to their roles and responsibilities for the prevention of unnecessary family-child separation. For example, the operational manual for Youth and Probation and Social Welfare Officers (MGLSD, 2009) includes clear standards for professional activities of PSWOs and CDOs working at the district level, including some statutory gatekeeping functions. In addition, defined qualifications and profiles exist for para-social workers at the community level, who represent the frontline response for vulnerable children. These were developed based on the para-professional functions and competencies framework which was pilot-tested in Kasese and Mukono Districts.[3]

Some pre- and in-service training programs exist to build the capacity of the social service workforce, specifically related to child care, child protection, early child development, and child's rights. Pre-service training is mainly through university-based social work programs.[4] Regarding in-service training, the

[3] The framework was developed by Global Social Service Workforce Alliance Interest Group on Para Professionals in the Social Service Workforce (IGPP).

[4] There are relatively strong university-based social work programmes, with more than three universities now offering diploma, bachelors, and post-graduate programmes. For example, Makerere University has a long-established

Department of Social Work and Social Administration at Makerere University offers practice-oriented training in child care and protection for practitioners using the National Child Protection Curriculum. Practitioners who complete the training are awarded a Practice Oriented Professional Certificate in Child Protection. Further, there are several in-service training programs delivered in the context of vulnerable children programs implemented by different NGOs, covering different aspects related to child care, child protection, and child rights. In-service training has mainly targeted PSWOs and other justice, law and order sector actors.

There are no specific training programs to build staff skills in working with children with disabilities and other special needs, parenting skills, and economic strengthening.

M&E and Information Systems

Currently, there are no indicators and tools to monitor progress in preventing family-child separation. The OVC MIS tracks aggregate data on services delivered to vulnerable children and households, including services to support families to reduce child and family vulnerability (such as health, economic strengthening, education, and parenting skills training). However, these data are not comprehensive, are only available in aggregate format, and may not be helpful in monitoring provision of prevention services in the context of alternative care. The data in this system are of uneven quality—particularly regarding duplication and misinterpretation of indicator definitions.

The roles and responsibilities for monitoring and evaluating alternative care programs for children are not well-defined within the MGLSD, and M&E functions are spread across various units. There is no M&E focal person dedicated to alternative care. In addition, there is no clear and documented process for ensuring the quality of data; and data quality assurance activities related to alternative care are not conducted outside of the OVC MIS.

Social Norms and Practices

Currently, there is no advocacy or communication strategy aimed at promoting positive social norms for alternative care, including promotion of wider societal awareness of the needs of families and the importance of supporting parents. Nonetheless, some awareness-raising efforts have targeted national and district government staff to promote awareness of the importance of families, causes of child-family separation, and how to identify and engage families at risk, to prevent unnecessary separation. However, there have only been a few public awareness-raising activities targeting the public.

Department of Social Work and Social Administration that provides both undergraduate and postgraduate courses in social work. In addition, an alternative care training curriculum was developed in 2014 by the Department of Social Work and Social Administration, Makerere University, with support from Terre des Hommes Netherlands, but it has not yet been rolled out. The curriculum is expected to be used for training social workers, PSWOs, police officers, the judiciary, teachers, and health workers, culminating in a professional certificate in alternative care for children.

Financing

There is currently no detailed estimate of the costs required to provide family strengthening services, though the National Action Plan on Alternative Care for Children does include some cost estimates for mapping families and children at risk of separation and providing vulnerable households with access to relevant services. There are no specific budget lines for providing these services at the central and local government level. In addition, government does not track the financial contributions of private sector and development partners to family strengthening services.

Foster Care

Foster care is legally recognized in the Children Act, Cap 59 (amended in 2016). In addition, some small-scale emergency and long-term foster care programs have been initiated and implemented by NGOs, providing examples of good practice for government to build on. However, standards to guide all those responsible for planning and providing foster care services do not exist. In addition, foster care service provisions are not adequately regulated or monitored and there are gaps in support for foster families (particularly those caring for children with disabilities), support both for families of origin and foster families, and in the mechanisms for monitoring placements. Further, standard indicators for monitoring foster care service provision have not been developed, and there is no centralized system for collecting data on the number of foster care placements and profile of children in care. A summary of assessment responses for the "foster care" area of care is shown in Figure 4.

Figure 4. Foster care dashboard
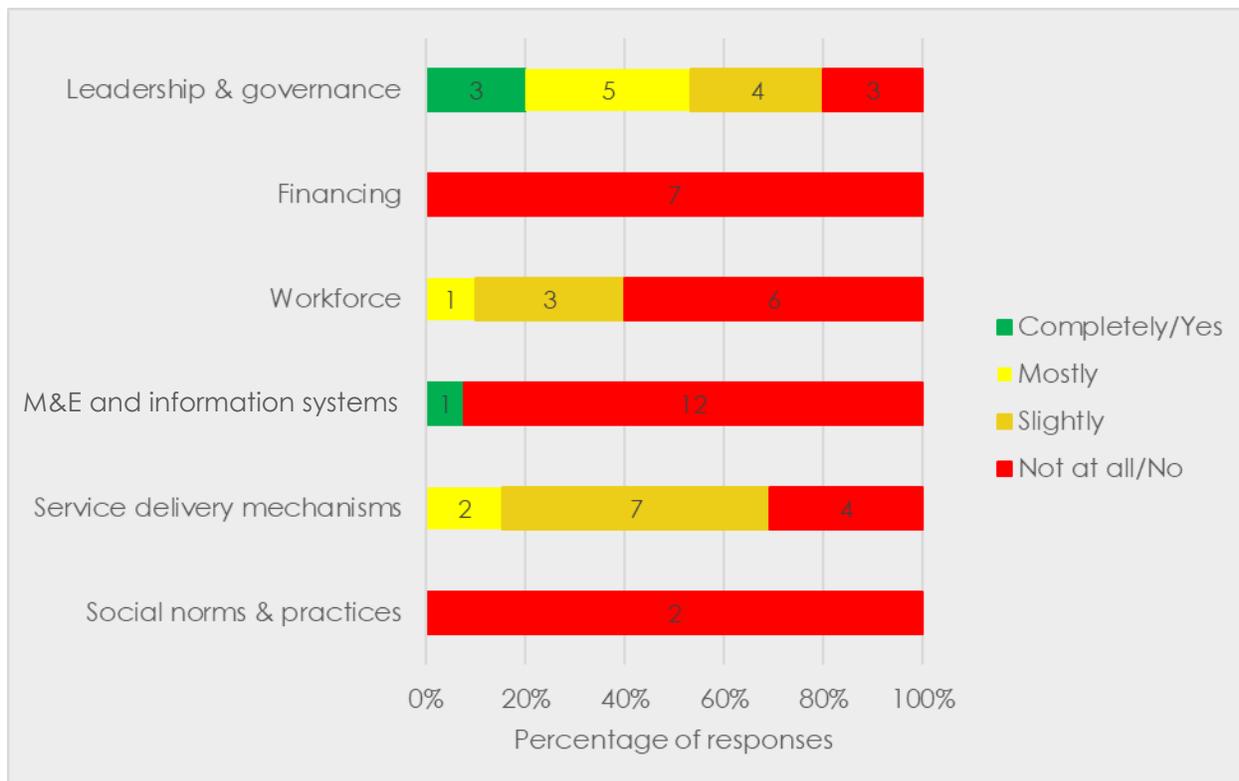
Leadership and Governance

Foster care is legally recognized in the Children Act, Cap 59 (amended in 2016). Part VI of the Act include provisions for the administration of foster care and provides a set of foster placement rules in Schedule 2. The Foster placement rules outline procedures for placing children in foster care, including procedures related to authorization of care orders and welfare reports as outlined in the Crosscutting Issues section of this report. In addition, the PSWO is mandated to maintain a register of foster parents and is responsible for overseeing all aspects of fostering and for ensuring compliance with these foster placement rules.

At the policy level, the NFAC 2012 refers to the different types of foster care (short- and long-term foster care, emergency foster care, specialized foster care, and pre-adoption foster care/fostering for adoption) and provides for the establishment of alternative care panels as an administrative mechanism for foster care and (domestic) adoption placement determination (see the Crosscutting Issues section of this report). However, the framework does not provide guidance or outline systematic procedures for determining a child's best interests during foster care placement.

Furthermore, the framework and related National Action Plan on Alternative Care for Children (2017–2021) neither explicitly references nor provides clear guidance on provision of specialized preparation, support, and counselling services for foster carers and children before, during, and after placements; support and training for foster carers who care for children with disabilities and other special needs; participation of parents, carers, and children in administrative and judicial proceedings during foster care placement determinations; procedures for assessing and determining whether children are ready to transition out of foster care; and preparation for leaving care and for aftercare support.

Service Delivery

In recent years, small-scale foster care programs have been initiated and implemented by NGOs such as Child's i Foundation and CALM Africa—providing examples of good practice for government to build on. Some of the organizations deliver foster care services in addition to their residential care provision. The scope and quality of support and supervision available to foster carers and children vary widely by program.

For foster care services to be safe and of good quality, they must include proper systems for decision making about entry into care; recruitment, careful assessment, and support of foster carers; matching foster carers and children (considering the capacities of foster carers to meet the individual needs of each child); post-placement support and follow-up. As noted above, the foster placement rules in Schedule 2 of the Children Act generally outline procedures that apply only when placing children in foster care. Standards of practice or guidelines to promote high-quality foster care service provision have not yet been developed.

In addition, there are neither specific standard trainings for foster families (particularly those caring for the needs of children with disabilities) nor services supporting both families of origin and foster families. Although PSWOs are mandated to monitor foster care placements carefully through periodic visits (two weeks after placement if the child is under two years of age, within one month if above two years and once every three months thereafter), there is no evidence that these visits are regularly taking place, even with the

few children who have been formally fostered to date. This is caused by the large burden of responsibilities for PSWOs and the large populations and geographical areas they are responsible for.

Workforce

The PSWOs have clearly defined qualifications and profiles that are relevant to their roles and responsibilities in foster care provision. The qualification and profile of a foster carer are also outlined in the Children Act. However, other categories of staff that play a key role in foster care service provision such as nongovernmental social workers, institutional care providers, and para-social workers do not have categorically defined qualifications or profiles relevant to their roles and responsibilities.

Furthermore, there are currently no training mechanisms to build the skills of staff that monitor and support foster care placements—such as PSWOs and other professionals who are in contact with foster carers and children, including healthcare workers, law enforcement officials, teachers, lawyers, and judges. Assessment results indicate that most PSWOs countrywide are not systematically oriented to support foster care. Currently there are no induction programs to ensure PSWOs receive specialized training and consistent supportive supervision and feedback in relation to their roles and responsibilities in relation to foster care provision.

M&E and Information Systems

According to the foster placement rule, every district probation and social welfare office is required to keep a register of foster parents and foster child case records, using Form 3 and Form 4, respectively. However, these data are not entered in any centralized database or management information system to enable effective monitoring of foster care services or programs. Therefore, the data are not aggregated into summary statistics, published in any reports, or disseminated. Standard indicators for monitoring foster care service provision have not been developed. In addition, there is no clear and documented process for ensuring the quality of data; nor is there any evidence that data quality assurance activities are conducted regularly.

Social Norms and Practices

Currently, there is no advocacy or communication strategy aimed at promoting positive social norms for alternative care, including foster care as a favorable care option for children in need of alternative care. In addition, no activities (sensitization and advocacy campaigns at small scale) aimed at educating and raising public awareness about foster care (and the range of foster care options) have been conducted in Uganda.

Financing

Though the National Action Plan on Alternative Care for Children (2016/2017–2020/2021) (MGLSD, 2017) includes cost estimates for the development of guidelines for foster care and the establishment of a resource pool to support foster care, the costs for providing foster care services have not been estimated, and there are no specific budget lines for providing these services at the central and local government levels. Financial contributions from development partners and nongovernmental actors toward foster care are not tracked by the government.

Residential Care

Residential care remains the most used form of formal alternative care for children deprived of parental care. However, residential facilities are run predominantly by nonstate providers, and many operate without being approved. While standards of practice to promote quality residential care services for children exist, these are not regularly enforced. Reasons include lack of government capacity or commitment to invest in inspection services, a nonstate provider being allowed to operate without being approved, and poor dissemination and understanding of standards of care among providers. A summary of assessment responses for the "Residential care" area of care is shown in Figure 5.

Figure 5. Residential care dashboard
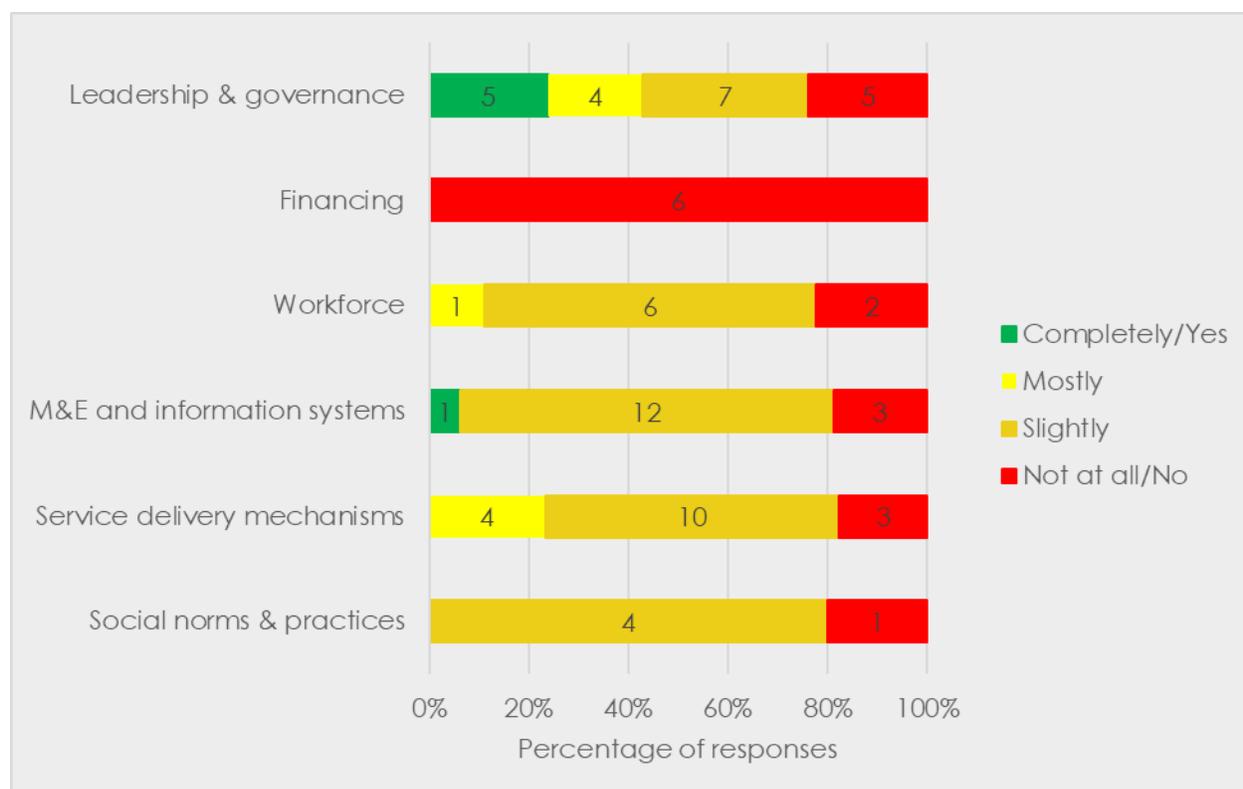
Leadership and Governance

Legal provisions relating to residential care service provision are contained in the Children Act, Cap 59 (amended in 2016) and the Children (Approved Homes) Rule, 2013. Both outline procedures for the approval of homes set up for purposes of caring for children, and for the admission and removal of children from approved homes. In addition, the Act and the Children (Approved Homes) Rule, 2013 provide for regular inspection of all approved homes to ensure compliance with national standards for residential care. Specifically, Section 15 of the Children (Approved Homes) Rule, 2013 requires that each approved home be

inspected at least once in every six months by the district PSWO and the public health inspector. An inspection report should be prepared by PSWOs and the public health inspector stating whether the approved home has complied with the provisions in approved home rules. Furthermore, both the Act and Rules requires that children's homes and PSWOs "maintain contact with the parents or relatives of a child in the home and maintain contact between the child and the parents or relatives of the child (MGLSD, 1997)."

At the policy level, the NFAC 2012 explicitly references residential care as an alternative care option. The framework requires that residential care be considered a last resort for children deprived of parental care—after family and community-based care options are exhausted. It also explicitly prohibits the placement of children 0–3 years old in residential care: "children under 3 should not be placed in large scale residential care and should be prioritized for family-based care" (MGLSD, 1997). In addition, the framework discourages discrimination or stigma based on disability. However, it does not explicitly reference the provision of specialized support for children with disabilities in residential care.

The framework includes general provisions around residential care, but it does not mention specific provisions for public and private RCFs. In addition, it does not explicitly reference provisions of the following RCFs: mother-baby units, community homes, residential special schools, and boarding schools. Only three types of RCFs are mentioned: emergency or transitional facilities, specialized RCFs (where specific needs of a child can be better catered for in a residential setting such as acute or specialized physical and psychological needs), and "family-type" group homes (referred to as children's villages/homes).

Service Delivery

Residential care remains the most widely used form of formal alternative care for children deprived of parental care in Uganda. Residential care encompasses a wide range of settings, from family-type group homes and emergency shelters to large-scale RCFs. There are only a few RCFs that provide specialized care and support for children with disabilities or special needs—for example, boarding schools that cater to children with special learning needs in Uganda (e.g., Masaka School for the Deaf and Kampala School for the Physically Handicapped).

Standards of practice to promote quality residential care services for children exist. Specifically, the Children (Approved Homes) Rule, 2013 outlines the basic minimum quality standards for residential care settings. It also provides for an assessment and inspection mechanism to ensure quality of care and compliance to minimum standards. The personnel with responsibilities for alternative care placements and monitoring

of residential facilities are the PSWOs. In addition, a Children (Approved Home) Assessment Toolkit was developed, by the MGLSD, for regular inspection and monitoring of RCFs (2011). However, the government lacks the resources to conduct assessments and inspections as regularly as required by law. As a result, they are infrequent and follow-up inspections are rare. Even where assessments of residential care facilities are carried out, there is limited capacity to implement follow-up actions, such as the closure of residential care facilities that do not meet minimum standards. Participants noted that this contributes to the low standards of care offered to children in residential facilities, including low ratios of carers to children as well as overcrowding and harsh living environments.

Furthermore, residential facilities are run predominantly by nonstate providers, and many operate without approval. The quality of services provided in many of these facilities has long been a focus of deep concern among stakeholders. These concerns include inappropriate admission, lack of care planning and review, and noncompliance with regulations. The quality of care and protection of children, low staff numbers, untrained staff, and poor physical environments are also reported issues. In addition, despite guidance and regulations restricting the length of time a child can remain in an RCF, many children remain for much longer periods of time.

Finally, the MGLSD maintains five regional children remand homes—in Naguru, Kabale, Arua, Mbale, and Fort-Portal. Two other children remand homes, in Gulu and Masindi Districts, are run by the local government. Children who are suspected of having committed an offence are housed in one of these seven remand homes during the pretrial period. After sentencing, convicted children are moved to Kampiringisa National Rehabilitation Center to serve their sentences. However, the quality of care and protection of children, low staff numbers, and poor physical environments remain serious concerns.

Workforce

District PSWOs and residential facility wardens mostly have clearly defined qualifications related to their roles and responsibilities in residential care. The qualifications and profiles of community development officers, health workers and teachers, and para-social workers are not well-defined.

Currently there are no institutionalized or regular training mechanisms aimed at building skills of staff involved in monitoring and supporting residential care. Nonetheless, some trainings have been provided by different CSOs under different donor-funded projects, such as DOVCU and Strong Beginnings. These projects targeted PSWOs, justice, and law enforcement officers and residential facility staff to build capacity specific to their roles and responsibilities in implementing or enforcing the legal and policy provisions relating to residential care. However, these efforts have been limited to specific districts where these programs were implemented.

M&E and Information Systems

Some indicators, case management, and supervision tools to monitor residential care service provision exist. These are contained in the Children (Approved Homes) Rule, 2013. Data on residential care can come from various sources:

- At the subnational level, residential facilities are required to submit an application for approval to care for children in a home, child case records, child progress and information reports, and six monthly paper reports to the permanent secretary in respect of the operation of a home. The reports should include data on the number of children in an RCF, number of children leaving institutional care for family placements, and number of children admitted. Participants noted that, in practice, this rarely occurs and paper-based records on children are not well kept by RCFs. There is no electronic case management system for children, and no centralized system for collecting and aggregating these reporting data or enforcement mechanisms for reporting them. For example, there is no clear inventory of the number of RCFs in the country, because many do not submit an application for

approval to the permanent secretary. In the few cases where these data are submitted to the PSWOs, it is not entered (or backed up) in any database, or analyzed to inform decision making.

- RCFs are assessed by PSWOs using the Children (Approved Home) Assessment Toolkit, which captures basic information about facilities, the aggregate number of children in care, admissions, etc (MGLSD, 2011). The data are recorded manually and entered into a Microsoft Access database at the ACIU. However, the data are not always entered in a timely manner and are incomplete, owing to the number of unregistered homes.

Overall, roles and responsibilities for collecting and reporting on residential indicators are not adequately documented within the MGLSD, and between the MGLSD and residential care providers. In addition, there are no data quality assurance mechanisms.

Social Norms and Practices

Some awareness-raising and advocacy activities have been undertaken in recent years by donor-funded alternative care projects such as Strong Beginnings and DOVCU, targeting the public, national, and district government staff and other frontline staff involved in caring for children (for example, residential care facilities, managers, and social workers). There is no advocacy or communication strategy to change social norms on alternative care for children that discourages placement of children in residential care, unless deemed to be more beneficial for the child than any other setting.

Financing

Costs for providing residential services have not been estimated, and there are no specific budget lines for providing these services at central or local government levels. The National Action Plan on Alternative Care for Children does include estimates for conducting regular inspection of all Children's Homes in the country and further dissemination and rollout of the Approved Homes Rules (2013). Residential facilities are run and financed predominantly by nongovernmental actors. Funding for residential care is not tracked by government.

Supervised Independent Living

The legal and policy framework for supervised independent living remains weak, and there are currently no formal guidelines or regulations to guide practitioners.

The Children Act, Cap 59 (amended in 2016) requires the following:

> *Where a child is unable to return to his or her parents or to go to foster parents or has no parent, nor a foster parent, he or she shall be encouraged and assisted by the approved home and the probation and social welfare officer to become independent and self-reliant.*

The act does not, however, define independent living. Equally, supervised independent living is not referenced in the national child and alternative care policies (including the NFAC), and there are no formal

guidelines or regulations to guide practitioners. In addition, there are currently no structured supervised independent living programs in Uganda.

The workforce does not have defined qualifications related to semi-independent living, and no staff capacity building in this area has been undertaken. There have been no awareness campaigns that include messaging related to appropriate semi-independent living, and it is a form of care that is largely unknown and not discussed across all stakeholders. Government provides no financial resources for the support or monitoring of semi-independent living.

Kinship Care

Kinship care can include "formal" placements, also known as relative foster care or kinship foster care, authorized by a competent administrative or judicial authority; in other situations, the arrangement is an informal, private arrangement between the parents and relative caregivers (referred to as "informal kinship care").

Formal Kinship Care

Overall, formal kinship care is not adequately addressed in existing laws, policies, and guidelines. Consequently, systems have not been developed to provide support—such as case management support, including case planning and follow-up—to children and their kinship carers. In addition, mechanisms for regular monitoring of formal kinship care placements are not articulated to ensure placement safety and quality. A summary of assessment responses for the "Formal kinship care" area of care is shown in Figure 6.

Figure 6. Formal kinship care dashboard
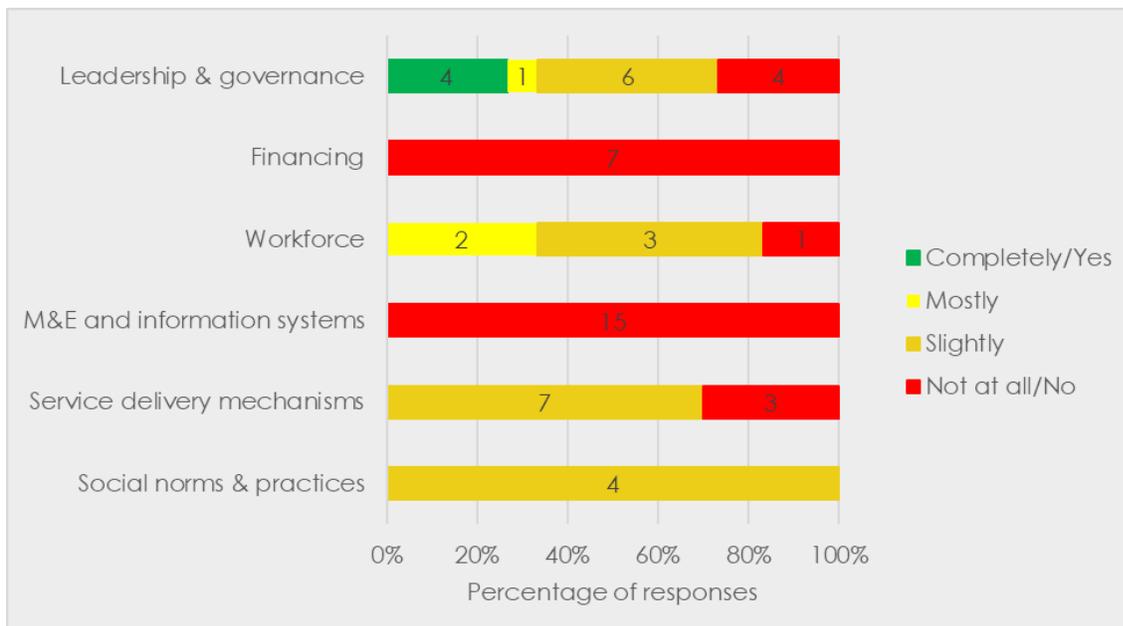
The Ugandan legal framework, specifically the Children Act, Cap 59 (amended in 2016), does not acknowledge or reference "formal kinship care." Nonetheless, the foster care placement rules in the Children Act apply to this care option, also known as relative foster care or kinship foster care. Further, the NFAC recognizes kinship care as one of the alternative care options. The framework provides some, albeit limited, guidance on the registration of kinship carers and placement and post-placement procedure. However, the framework does not reference specific guidance in relation to preparation, support, and counseling services for children and kinship carers before, during, or after the placement; nor does it guide kinship carers of children with disabilities. It does not provide mechanisms for best-interest determination before placement of children in formal kinship care.

Overall, systems have not been put in place to provide support to children or carers involved in kinship care. For example, mechanisms for regular monitoring of formal kinship care placements are not articulated to ensure placement safety and quality. In addition, there is currently no system to register and trace children in formal kinship care. Also, no standard indicators exist to monitor service provision of formal kinship care, and roles and responsibilities for collecting and reporting on formal kinship care indicators are not adequately documented within the MGLSD or between the MGLSD and nonstate actors. There are no awareness campaigns that include messaging related to formal kinship carers. Costs for supporting formal kinship care have not been estimated, and there are no specific budget lines for providing support and oversight of formal kinship care arrangements at either the central or local government level.

Informal Kinship Care

In Uganda, informal kinship care practices are prevalent and historical. Most children not living with their parents are cared for under informal kinship arrangements. Despite the prevalence of informal kinship care arrangements in Uganda, there is limited focus on informal kinship care in existing laws, policies, and guidelines. Consequently, informal kinship care is the least systematically recorded, monitored, or supported care option. A summary of assessment responses for the "Informal kinship care" area of care is shown in Figure 7.

Figure 7. Informal kinship care dashboard
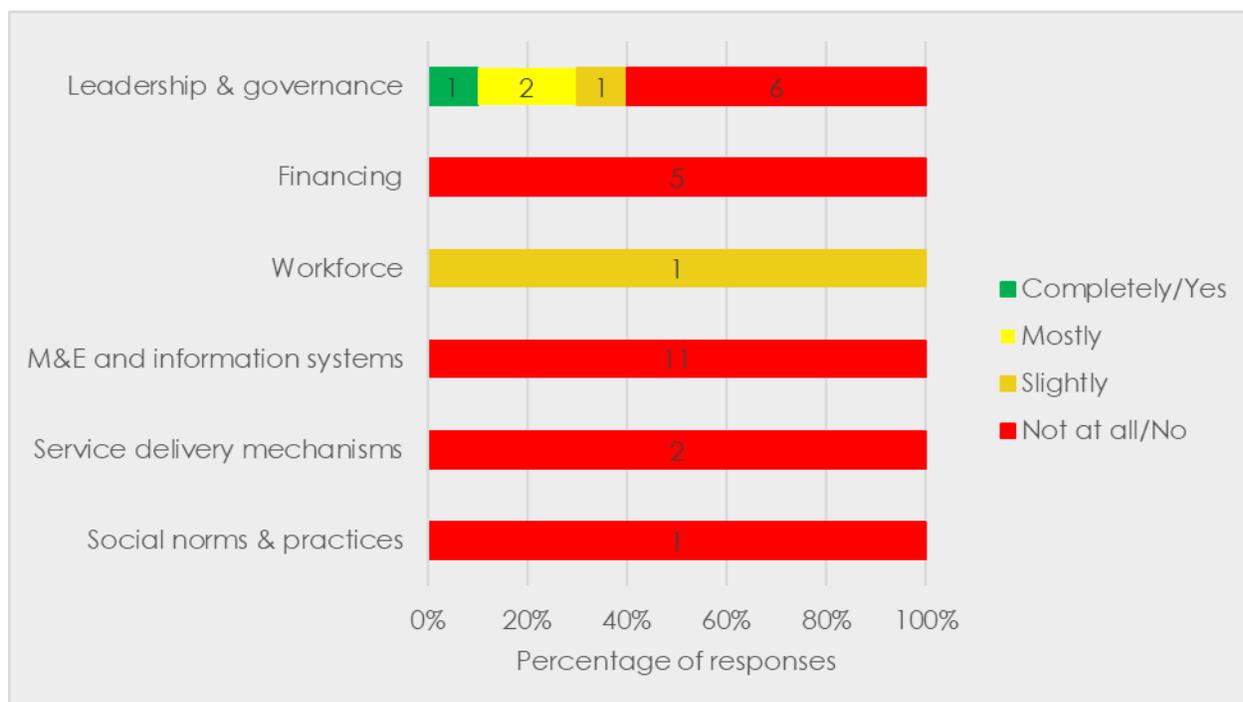
Leadership and Governance

Informal kinship care is outside the legal and administrative regulatory and supportive mechanisms of the State. Nonetheless, the NFAC 2012 recognizes informal kinship care as one of the alternative care options and a *de facto* responsibility of informal carers for the child. In addition, it provides some guidance on how to support kinship care placements.

The NFAC, 2012, however, does not explicitly reference provision support or counseling services for informal kinship carers. In addition, it does not explicitly outline mechanisms to ensure oversight of informal kinship care arrangements, and there is no system of notification and registration of informal kinship carers.

Service Delivery

Children in informal kinship care and their caregivers may be assisted within the broader child protection system, however, they are not exclusively targeted for government and nongovernmental social support and counselling services. There are no specific mechanisms to assess carers' and children's needs, in terms of protection and support, or to ensure that informal kinship caregivers have access to available services and benefits.

Workforce

There are no staff with defined responsibilities to monitor informal kinship care placements.

M&E and Information Systems

There are currently no standard indicators to monitor informal kinship services care, and there are limited mechanisms in place to identify and record data concerning children living in informal kinship care arrangements. The Demographic and Health Surveys, last conducted in 2016, provides some data on children who are not the biological offspring of the head of the household, but the survey does not differentiate between children in informal alternative care from any other arrangements, such as children who are visiting short-term.

Social Norms and Practices

There is no advocacy and communication strategy to promote positive social and cultural norms on informal kinship care.

Financing

Costs for supporting informal kinship care have not been estimated, and there are no specific budget lines for providing support and oversight of informal kinship care arrangements at the central or local government level.

Other Forms of Alternative Care

Non-relative informal care includes any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by people other than members of the extended family or close friends, without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body. This form of care is deemed illegal in Uganda. Steps towards supporting this area of care through the government system have not been prioritized, and some participants believed it is still too early in the evolution of alternative care in Uganda to prioritize this area.

Adoption

In Uganda, legal and policy provisions concerning adoption exist. However, standards of practice or basic minimum standards applicable to the provision of adoption services do not exist. In addition, there are concerns regarding the quality and rigor applied to the assessment of prospective adoptive parents, the matching of children and adopters, and the support provided during the adoption process. A summary of assessment responses for the "Adoption" area of care is shown in Figure 8.

Figure 8. Adoption dashboard
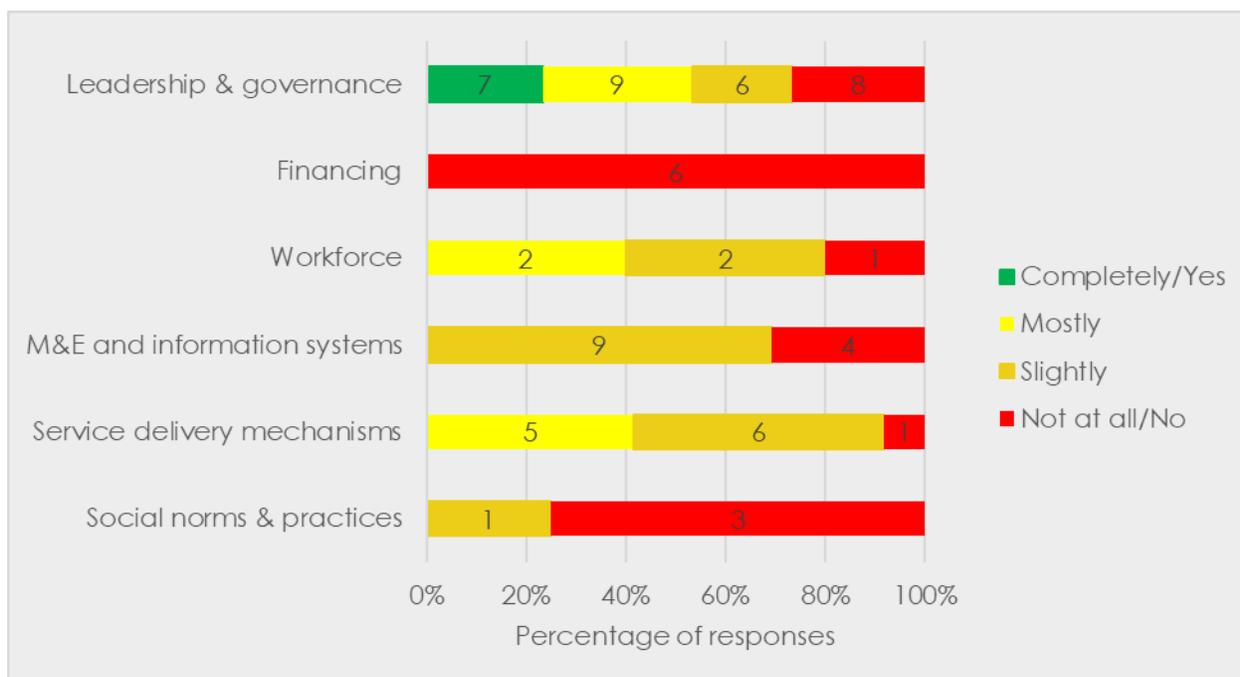
Leadership and Governance

The Children Act, cap 59 and the Children (Amendment) Act, 2016 set out the procedure for both domestic and intercountry adoption (ICA), including the eligibility criteria and the roles and responsibilities of the different duty bearers. The country has yet to sign the 1993 Hague Convention on the Protection of Children and Co-operation in Respect of Intercountry Adoption, and the domestic legislation on ICA has not been revised to ensure full compliance with the provisions of the convention. There have been discussions to ratify The Hague Convention in the recent past.

Overall, the national regulatory framework on adoption sets out systematic procedures for determining whether a child is eligible for adoption, making best interest determinations, and authorizing placements (including judicial and administrative structures in charge of adoption placement determinations). For example, Section 44 of the Children Act, Cap 59 provides for domestic applications to be made to a chief magistrate court and intercountry adoptions to a high court. Placement orders are then made by the respective courts of law, taking into consideration the welfare report submitted by a PSWO. Section 45 stipulates restrictions and conditions for adoption orders. Although participants identified the ACIU and PSWOs as overseeing adoption placement determinations, there is no designated central body or agency mandated with oversight in this area. Participants noted that ICA placements are decided by courts with no centralized oversight, which may result in unethical and illegal adoption practices. The NCAF also provides for the establishment of alternative care panels at the district level, which are mandated to make (domestic) adoption placement decisions (see Crosscutting section).

The Children Act (as amended) also sets out a clear and documented process for obtaining voluntary and appropriate consent of birth parents for adoption and provides guidance on registration and authorization of prospective adoptive parents (PAPs), including the criteria for determining eligibility for both domestic and intercountry adoption. For example, a 12-month period of fostering is regarded as an essential precursor to adoption, both domestic and ICA. The Children Act also stipulates that PSWOs are responsible for maintaining a register to document authorized and registered PAPs.

Service Delivery

Standards of practice or national basic minimum standards applicable to the provision of adoption services do not exist. The scope of pre- and post-adoption supports available to PAPs and children also vary widely. Overall, PAPs and children seldom receive "special preparation, support, and/or counselling services before, during, and after adoption placement." In addition, specialized support for PAPs of children with disabilities and adoptive carers of children with disabilities is not always provided.

To some extent, parents and carers participate in judicial or administrative procedures relating to adoption placements, and children's views are given due weight in accordance with their age and maturity in judicial or administrative mechanisms and procedures regarding adoption placement. Post-adoption placement monitoring and reporting mechanism for both domestic and intercountry adoption do not exist. For example, there is no tracking mechanism to monitor welfare of the adopted children—both domestically and internationally.

Workforce

Government social workers and judicial and law officers have defined qualifications/profiles relevant to their roles and responsibilities in adoption. Other categories of staff such as nongovernmental social workers and institutional care providers do not have well-defined qualifications/profiles relevant to their roles and responsibilities. There are currently no training mechanisms aimed at building the skills of staff involved in monitoring and supporting adoption placements.

M&E and Information Systems

Data on domestic adoption and ICA can be obtained from court records and from the Uganda Registration Service Bureau (URSB).[5] The URSB receives adoption orders from the high court, issues adoption certificates upon registration of the placement, and maintains an adoption register in which the particulars of the placement are recorded, including age and sex of the child, age and sex of the adoptive parents, country of destination (for ICAs), and origin of the child. However, the URSB adoption register is not always kept up to

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[5] Section 54 of the Children Act, Cap 59 requires that the Uganda Registration Service Bureau maintain a register of all domestic and intercountry adoption placements.

date, resulting in incomplete records on the numbers of adopted children in Uganda. There are no standardized indicators to monitor domestic and intercountry adoption services, and data on adoption is not widely shared or published in any reports. Also, there is no clear and documented process for ensuring the quality of data and no evidence that data quality assurance activities are conducted.

Social Norms and Practices

Some awareness-raising activities have been conducted to promote domestic adoption as a care option for children deprived of parental care. For example, Ugandans Adopt, a multimedia campaign spearheaded by Child's i Foundation (a local NGO), was launched in 2011 to promote local adoption of abandoned children by Ugandan families. There is currently no advocacy or communication strategy that includes promoting positive social norms related to adoption.

Financing

Costs for providing adoption services have not been estimated, and there are no specific budget lines for providing these services at central and local government level. The National Action Plan on Alternative Care for Children does include costs for activities such as logistically and financially supporting a National Adoption Regulatory body and the development of Adoption Placement guidelines.

System Deinstitutionalization

National child and alternative care policies articulate the need to move away, in terms approach and services, from overreliance on institutional care and towards responses that support family-based care. Challenges to deinstitutionalization include the lack of a clear and documented deinstitutionalization strategy, which includes guidance on how to appropriately close or transform residential care facilities; minimal financial investment in supporting the deinstitutionalization processes by government; and a lack of standard indicators and tools to monitor system deinstitutionalization processes. In addition, there is currently no national advocacy and communication strategy aimed at promoting positive norms related to family-based care. A summary of assessment responses for the "System deinstitutionalization" area is shown in Figure 9.

Figure 9. System deinstitutionalization dashboard
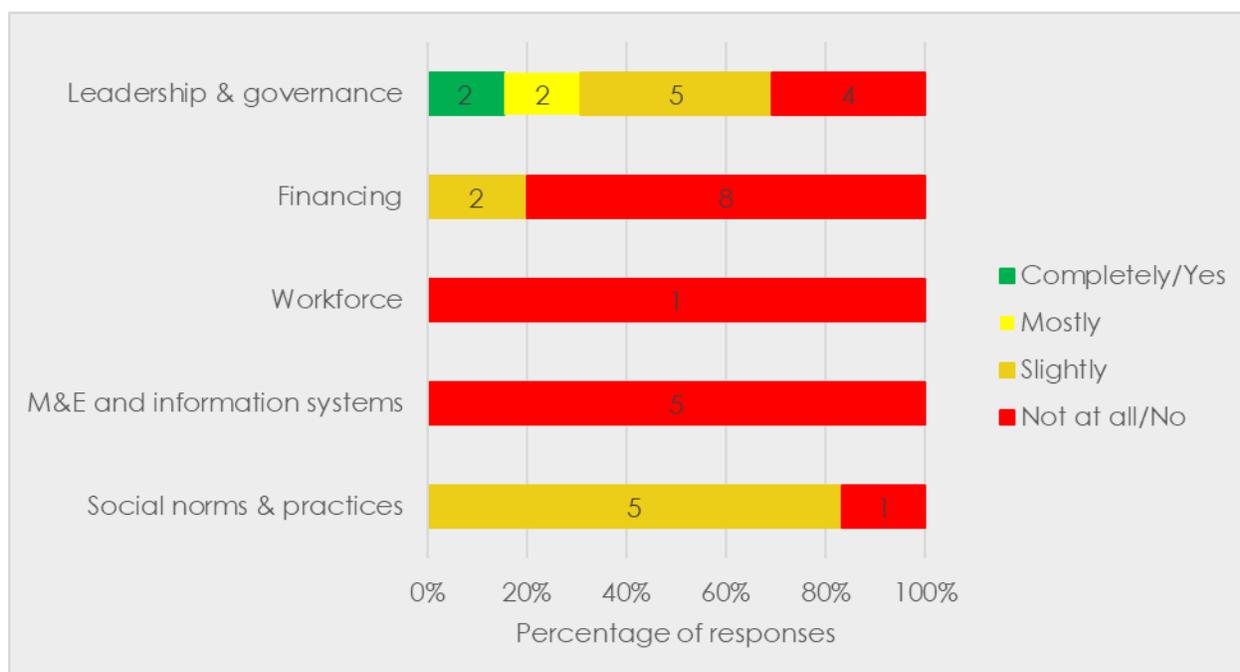
Leadership and Governance

There are no specific legal provisions that explicitly reference shifting away from residential care towards family care, or prevent new, large-scale residential institutions from being set up. Nonetheless, both the constitution and the Children Act, Cap 59 (amended in 2016) provides for the child's right to grow up in a caring family, i.e. "the right to know and be cared for by their parents." In addition, a national policy or strategy that addresses deinstitutionalization of the formal care system exists. Specifically, the NFAC 2012 and Action Plan on Alternative Care for Children (2016/17–2020/21) prioritize the deinstitutionalization of the formal care system. Participants indicated that more emphasis should be placed on the needs of children with disabilities and other special needs and deinstitutionalization of children 0–3 years old, in both the framework and action plan.

Assessment results also indicate that only a small proportion of state and nonstate actors have been oriented or trained on their roles and responsibilities related to implementing the NFAC and Action Plan—through in-service training arrangements supported by recent alternative care projects such as the DOVCU (2014-2017) and Strong Beginnings—A Family for All Children (2014–2015).

The ACIU within the MGLSD is the official government structure responsible for overseeing the system deinstitutionalization process and generally coordinating the process of implementing alternative care programs for children. However, the functionality of the unit is limited by inadequate resources, including human and financial resources. Deinstitutionalization efforts are also undermined by the lack of "guidelines on how to appropriately close or transform residential care facilities." Furthermore, there are no institutionalized mechanisms for monitoring the closure or transformation of residential care facilities.

Workforce

The closure or transformation of residential care institutions necessitates, as part of the overall efforts to deinstitutionalize the care system, provision of retraining and redeployment opportunities for carers previously employed in institutions. However, this is not addressed as part of the deinstitutionalization process.

M&E and Information Systems

Currently, there are neither standardized indicators to measure progress on system deinstitutionalization nor standardized mechanisms for collecting and reporting data to monitor system deinstitutionalization processes. The roles and responsibilities for collecting and reporting on deinstitutionalization-related indicators are not documented within the MGLSD and across other relevant ministries. There may be data on deinstitutionalization collected by alternative care projects, but these data are not always reported to the MGLSD.

Social Norms and Practices

A knowledge, attitudes, and practice survey that includes norms and behaviors related to children in institutions has not been conducted, nor are there plans to conduct this periodically. Some disparate awareness-raising activities aimed to changing the negative social norms related to institutionalization of children are currently ongoing. However, a national advocacy and communication strategy seeking to promote positive norms related to family-based care does not exist to guide such activities.

Financing

Cost estimates for deinstitutionalizing and transitioning to a system that prioritizes family-based care are not available, though the National Action Plan on Alternative Care for Children does include estimates for activities such as the development and dissemination of closure guidelines, the development of deinstitutionalization guidelines, and the development of an advocacy and communication strategy on deinstitutionalization. Costs for deinstitutionalization or transitioning to a system that prioritizes family-based care are included in neither the central nor local government budgets. In addition, financial contributions from private sector and development partners, toward deinstitutionalization and the reform of care systems more broadly, are not always tracked.

Family Reunification and Reintegration

A legal and policy framework exists that reinforces many of the principles of the UN Guidelines in support of family reunification and reintegration. In addition, recent alternative care initiatives spearheaded by civil society and donor programs in Uganda have focused on the reunification and reintegration of children, particularly from residential care facilities. PSWOs are mandated to monitor reunification processes and conduct post-reunification follow-up support. However, effective monitoring is constrained by the lack of adequate resources and standard tools and protocols for monitoring reintegration service provision.

A summary of assessment responses for the "Family reunification and reintegration" area of care is shown in Figure 10.

Figure 10. Family reunification and reintegration dashboard
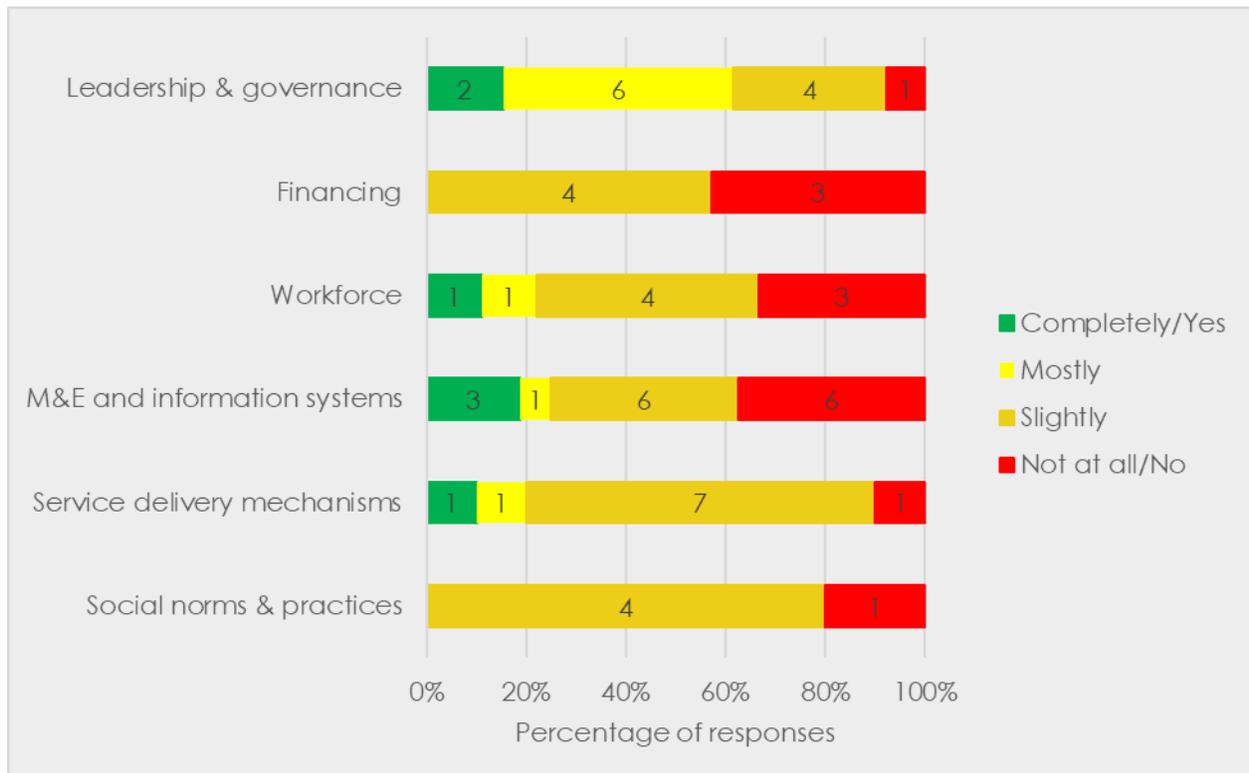
Leadership and Governance

Both the 1995 Constitution of Uganda and The Children Act, Cap 59 (amended in 2016) recognize the importance of the family unit and parental care and reinforces many of the principles in support of family reunification and reintegration. At the policy level, the NFAC (MGLSD, 2012) prioritizes the "return and reintegration of a child with his or her family." Specifically, it provides that "all children in formal care should be returned to their original families, unless it is not in the child's best interests, or against their expressed wishes." However, the framework does not provide detailed guidance on the reintegration process, such as systematic procedures for best interest determination and how to involve children in case planning and reunification decisions. Specifically, the ACF does not explicitly reference any of the following:

- Procedures regarding assessment and case planning[6] to ensure children protection and care needs are met in the process of family reunification and reintegration
- Services for families prior to and after reunification (e.g., psychosocial or financial services)
- Specialized support for reintegration of children with disabilities
- Special preparation, support, and/or counselling services for children and their families before, during, and after reunification

Remand homes are not explicitly included in the National Framework for Alternative Care. The Children (Approved Home) Rules, 2013 does not reference processes for family reintegration from remand homes.

Service Delivery

Some services for families before and after reunification are provided by NGOs under different donor-funded alternative care programs for children (such as DOVCU and KCHPF), but these services are limited to specific districts where these programs are implemented. These services vary by program, but generally include individualized case management, ongoing counselling, family strengthening (e.g., parenting skill trainings), and psychosocial support, among others. Special preparation, support, and/or counselling services are also provided to children and their families before, during, and after reunification, albeit to a lesser extent. However, specialized support for reintegration of children with disabilities is rarely provided and participants observed that children's views are rarely considered in reunification decision making processes.

The Children Act provides guidance on family reintegration and reunification. In addition, SOPs for family reintegration from remand homes and the National Rehabilitation Centre were developed in 2015 (MGLSD, 2016). Participants noted that these standards of practice are "mostly" used to guide service delivery by state actors, and, to some extent, nonstate actors. In addition, a monitoring mechanism to ensure quality delivery of family reunification/reintegration services exists. PSWOs are mandated to monitor reunification processes and conduct post-reunification follow-up support. However, effective monitoring is constrained by the lack of standard tools and protocols for monitoring reintegration service provision. In addition, PSWOs are often tasked with a high burden of responsibilities and duties across large geographical areas, without adequate human and financial resources. For example, the PSWO may not have any travel budget to allow them to undertake monitoring visits and are required to rely on transport allowances, and other resources from the NGOs who they are meant to be monitoring, to fulfil their duties. In addition, there are no specific penalties outlined in the quality standards for NGOs who do not comply or meet the minimum set standards.

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[6] Assessment typically involves in-depth assessments of children, families, and communities to determine whether reintegration is in the best interests of the child. It also involves identifying potential risks associated with reintegration as well as resources that children and families can draw on, considering all areas of the child's well-being, capacity, and development. However, case planning involves developing a plan with agreed objectives and strategies for meeting the child and family's needs for safe and effective reintegration. For example, a family case conference can be an effective tool for developing a plan, helping to ensure that everyone involved in the reintegration process has realistic expectations, and assuring that the capacities and commitments within the family are considered.

Workforce

Qualifications or profiles for the social service workforce involved in reunification and reintegration are somewhat, but not fully, defined. For example, PSWOs and community development officers have defined qualifications and profiles relevant to their roles and responsibilities related to family reunification and reintegration. However, the qualifications and profiles of NGO social workers, para-professional social service workers (para-social workers), and institutional care providers are not well-defined.

Some efforts have been undertaken to build the capacity of state and nonstate actors involved in monitoring and supporting family reunification and reintegration. For example, some trainings have been provided by different CSOs under donor-funded programs to orient PSWOs and residential facility staff on their roles and responsibilities in relation to family reunification and reintegration. However, only a limited number of government and nongovernmental staff have benefitted from such training. In addition, the training mechanisms are neither institutionalized nor regular.

M&E and Information Systems

Some indicators and tools have been developed by individual NGOs, based on the specifics of their programs, to monitor child-family reunification and reintegration services. These indicators and data collection tools are, however, not standardized to aide effective monitoring of family reunification and reintegration services nationally. Consequently, only data on one indicator—number of children reintegrated—is captured in the OVC MIS. The Integrated OVC register tracks child protection & legal support services received by OVC, including reintegration with family. However, this register was not necessarily designed to track family reunification and reintegration indicators.

The roles and responsibilities for collecting and reporting on family reunification indicators are not well or adequately documented within the MGLSD and across other relevant ministries. Similarly, the roles and responsibilities between the MGLSD and nongovernmental actors are not fully documented.

Overall, data from both government and nongovernmental actors are not regularly collected reported. For example, residential care facilities are required to submit reports to PSWOs every six months, which include data on number of children reintegrated with their families. This, however, rarely occurs because most of the RCFs are unregistered and unregulated, and no centralized system for collecting these data or enforcement mechanisms for reporting them exists.

It is possible to disaggregate the relevant data captured in the OVC MIS by sex, age, and district, but these data cannot be disaggregated by disability, length of stay with family, or pre-reunification type (foster care, residential care, etc.). There are also concerns about the quality of data in the systems—particularly regarding the completeness and duplication. Data quality assurance activities are not regularly conducted.

Social Norms and Practices

There is no advocacy or communication strategy that includes promoting family reunification and reintegration. Nonetheless, some disparate awareness-raising and advocacy activities aimed at promoting family reunification and reintegration (over placement in other forms of care) have been conducted in recent years—targeting the public, national and district government staff, and other frontline staff involved in caring for children (for example, residential care facilities managers and social workers).

Financing

Costs for providing child-family reunification and reintegration services have not been estimated, and there are no specific budget lines for providing these services at either the central or local government level. Development partners and nongovernmental actors remain the major sources of funding for family reintegration services in the country. However, their financial contributions are not always tracked by the government.

SUMMARY

Leadership and Governance

Uganda has established several policies and enacted legislation related to alternative care for children. The principal legislation governing care for children separated from their parents is the Children Act, Cap 59 (amended in 2016). The act provides guidance on the alternative care of children including matters concerning parental responsibility, foster care, adoption, maintenance, guardianship, care, and protection of children. To a large extent, the existing legislation and regulatory frameworks also provide for the operation, registration, and monitoring of alternative care provision, and provide standards relating to admission procedures, living conditions, and staffing requirements. At the policy level, the National Framework for Alternative Care, 2012 (MGLSD) provides the framework for delivering and facilitating access to appropriate alternative care options for children deprived of parental care, including guidance on placement of children in need of alternative care.

Overall, existing laws and strategies provide a framework for promoting and supporting the role of the family, prioritization of a family environment for alternative care placements, and the role of different actors involved in the process. However, challenges remain with the dissemination, implementation, and enforcement of these laws and policies.

The ACIU was established in 2014 within MGLSD to lead and coordinate the process of implementing alternative care programs for children. However, it is not multisectoral, and its ability to provide multisectoral oversight to ensure compliance with alternative care policy is limited by staffing and financial resource constraints.

Figure 11. Leadership and governance heat map of assessment responses by area of care

Assessment questions	Areas of care							
	Prevention	Foster care	Residential care	Formal kinship	Informal kinship	Adoption	Family reunification	System DI*
Legal provisions exist	Yellow	Yellow	Green	Green	White	White	Green	White
National policy/strategy exists	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Policy is up-to-date	Green	Green	Green	Green	Green	Green	Red	Green
State and nonstate actors trained	Orange	Orange	Orange	Orange	Red	Orange	Orange	Orange
District plans exist	Orange	Orange	Red	Red	Red	Red	Yellow	White

*DI = deinstitutionalization

Not applicable	Completely	Mostly	Slightly	Not at all

Service Delivery

Progress has been made in the development of standards of practice to promote quality services for some types of services, as well as procedures for assessing, planning, and reviewing children's placements in alternative care. These procedures include the following:

- Children (Approved Homes) Rule, 2013 outlining minimum quality standards for residential care
- Case Management Handbook (MGLSD, 2016), providing guidelines and tools for case planning
- Standard Operating Procedures for Family Reintegration (MGLSD, 2015)
- National Parenting Guidelines (MGLSD, 2016) and National Quality Standards for the Protection, Care and Support of Orphans and other Vulnerable Children, promoting quality standards for some prevention services

However, in practice these standards are not comprehensive, and are not always used to guide service delivery by both state and nonstate actors. Standards of practice or guidelines to promote high-quality foster care, kinship care, and adoption services do not exist. There are limited monitoring mechanisms to ensure delivery of quality services in most areas of care, including family reunification and reintegration, foster care, and prevention of family separation.

The formal care system currently centers on a residential care approach. Residential care facilities in Uganda are predominately run by nonstate providers, and gaps remain between legislative and policy goals and practice regarding these facilities. For example, participants noted that children are often placed in residential care because of poverty, social exclusion, the child's disability, or other socioeconomic factors. Many RCFs operate without being registered, under weak enforcement mechanisms, and with limited resources and capacity to conduct assessments and inspections as required by law.

In general, the national social service response is weak, with limited welfare or social support for families at risk of losing parental care. The responsibility for alternative care services lies with local governments, but they do not have designated budgets to support families. Thus, most services to promote alternative care, particularly for prevention of unnecessary separation and family reintegration and reunification, have been supported by CSOs within donor-funded projects and are limited to targeted geographical districts. For example, the DOVCU project aimed to reintegrate children living in residential care into family-based care and promoted parenting through parental skills training and economic strengthening through cash transfers. The KCHPF project is testing the effects of a family-support intervention (which includes individualized case management support, cash transfers, and a parenting program) on successful family reintegration. Other projects have focused on economic strengthening support, psychosocial support, and life skills training. Still, foster care and domestic adoptions are not well established, and informal family-based care options (such as formal and informal kinship care) have not been appropriately supported and expanded.

Specialized support for children with disabilities or special needs are limited across all areas of care.

Figure 12. Service delivery heat map of assessment responses by area of care

Assessment questions	Areas of care					
	Prevention	Foster care	Residential care	Formal kinship	Adoption	Family reunification
Standards of practice exist	Slightly	Mostly	Mostly	Not at all	Mostly	Completely
Standards are being used by state actors	Slightly	Mostly	Slightly	Not applicable	Mostly	Mostly
Standards are being used by non-state actors	Slightly	Not at all	Slightly	Not applicable	Mostly	Slightly
Monitoring mechanism exists	Slightly	Not at all	Mostly	Slightly	Mostly	Slightly
Quality assurance of services occurs regularly	Slightly	Not at all	Slightly	Not at all	Not applicable	Slightly
Guidelines state what happens if minimum standards are not met	Not at all	Slightly	Mostly	Slightly	Not applicable	Not at all

Legend: Not applicable | Completely | Mostly | Slightly | Not at all

Workforce

Probation and social welfare officers and community development officers mostly have defined qualifications and profiles relevant to their roles and responsibilities relating to the prevention of unnecessary family separation, foster care, residential care, and adoption. The qualifications and profiles for nongovernmental social workers and institutional care providers is less defined. There are no standard caseload thresholds for the social workforce involved in the provision of alternative care for children, including probation and social welfare officers, district community development officers, nongovernmental social workers, and para-social workers.

Stakeholders also noted that the dissemination of legislation and policies relating to alternative care of children is weak, and knowledge about the roles and responsibilities of various actors related to alternative care is inconsistent. In addition, guidance and implementation mechanisms are lacking for those who work with children, and capacity-building activities to strengthen and train the workforce and develop curricula are often conducted by partners with donor support.

Figure 13. Workforce heat map of assessment responses on defined qualifications/profiles by area of care

Assessment questions	Areas of care					
	Prevention	Foster care	Residential care	Formal kinship	Adoption	Family reunification
PSWOs	🟨	🟨	🟨	🟨	🟨	🟩
Nongovernmental social workers	🟧	🟧	🟧	🟧	🟧	🟧
Healthcare workers	🟨	🟥	🟧	⬜	⬜	🟥
Therapists	🟨	🟥	🟧	⬜	⬜	🟥
Teachers/educators	🟨	🟥	🟧	⬜	⬜	🟥
Para-social workers	🟧	🟥	🟥	🟧	⬜	🟧
Community development officers	🟨	🟥	🟧	🟨	⬜	🟨
Institutional care providers	🟧	🟧	🟧	🟧	🟧	🟧

Not applicable	Completely	Mostly	Slightly	Not at all
⬜	🟩	🟨	🟧	🟥
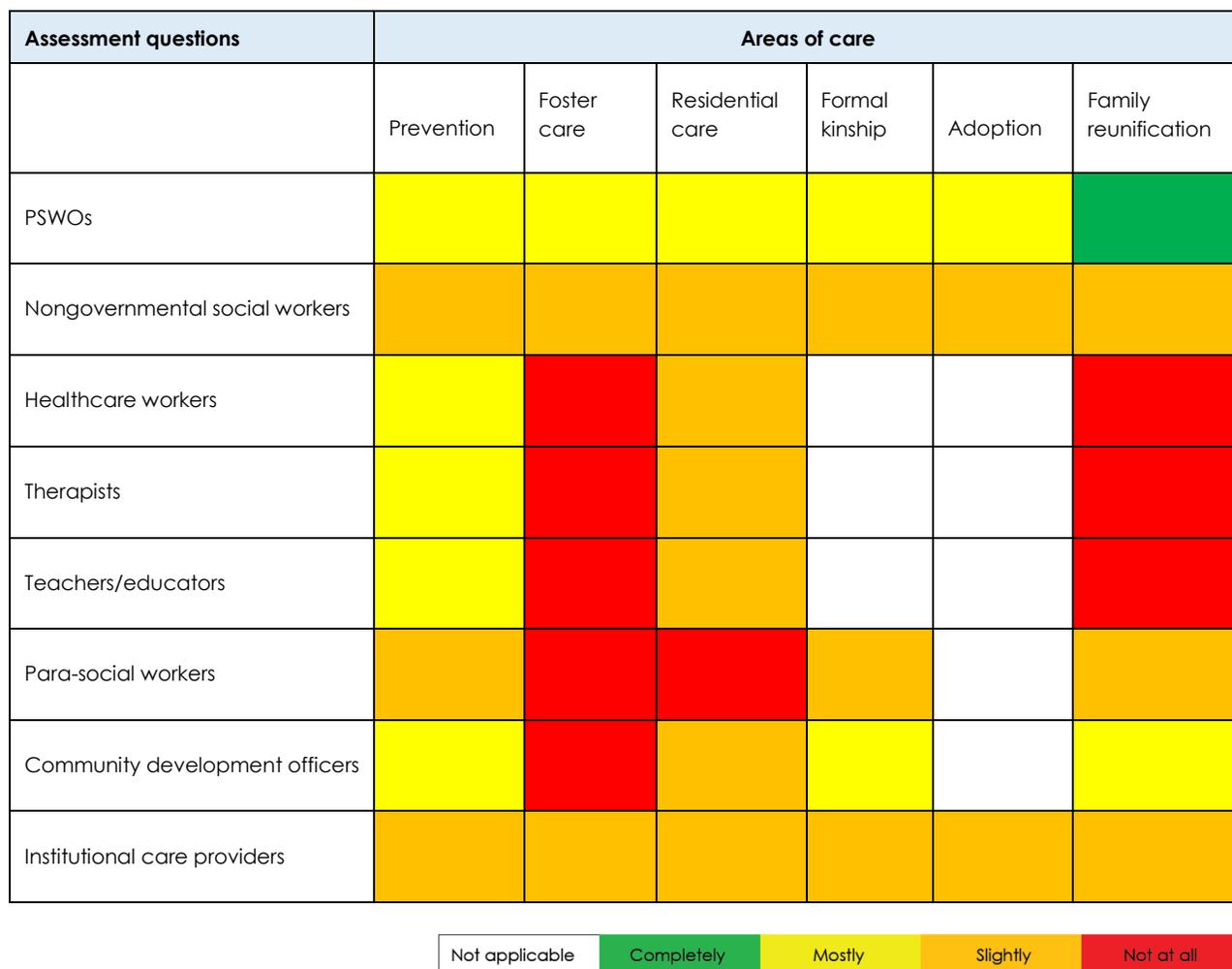
M&E and Information Systems

Overall, the current M&E system for alternative care is weak; few standard indicators to monitor alternative care services exist; and data are not regularly collected to monitor the provision of alternative care services. The roles and responsibilities for monitoring and evaluation of alternative care systems for children are not well-defined, with M&E functions spread across various units in the MGLSD, and data quality assurance activities are limited. The use of the data that are collected to inform policy and programming is limited, because information is rarely disseminated or requested for decision making. Furthermore, there are no multisectoral forums—at the national or district level—where data on alternative care are regularly shared and reviewed.

Although a mechanism exists for monitoring RCFs through the paper-based reports (including six-monthly reports from RCFs and assessment reports from PSWOs), in practice, these data are rarely collected or

reported. The MGLSD is currently in the process of developing the Remand Homes Management Information system and the Children's Home Management Information System (Children First Software), which is a promising step to collect, analyze, and share information on children in formal care.

Figure 14. Monitoring and evaluation heat map of assessment responses by area of care

Assessment questions	Areas of care							
	Prevention	Foster care	Res. care	Formal kinship	Informal kinship	Adoption	Family reunification	System DI*
Standard indicators exist	Red	Red	Orange	Red	Red	Red	Orange	Red
Roles and responsibilities for data collection/reporting:								
....within MGLSD are documented	Red	Green	Green	Red	Red	Red	Red	Red
...between MGLSD and non-state actors are documented	Red	Red	Orange	Red	Red	Red	Orange	Red
Data are regularly collected to monitor services in this care area	Yellow	Red	Orange	Red	Red	Orange	Orange	Red
It is possible to disaggregate data for this area of care by:								
...Sex	Yellow	Red	Orange	Red	Red	Orange	Green	White
...Age	Yellow	Red	Orange	Red	Red	Orange	Green	White
...Locality	Yellow	Red	Orange	Red	Red	Orange	Red	White
...Disability	Red	Red	Orange	Red	Red	Orange	Red	White

Assessment questions	Areas of care							
...Region	🟨	🟥	🟧	🟥	🟥	🟧	🟩	
DQA activities related to this care area are regularly conducted	🟥	🟥	🟥	🟥	🟥	🟥	🟥	

*DI = deinstitutionalization

Not applicable	Completely	Mostly	Slightly	Not at all

Social Norms and Practices

There is no national advocacy and communication strategy seeking to promote positive norms related on alternative care. Some disparate advocacy and awareness-raising efforts, targeting national and district government staff, have aimed to discourage placement of children in residential care and change the negative social norms related to institutionalization by promoting awareness of the importance of families and promoting positive social norms related to foster care and adoption.

Financing

Funding remains a critical issue for alternative care for children. Although costs for some activities related to alternative care have been estimated in the National Action Plan on Alternative Care for Children, overall costs for providing alternative care services have not been estimated. There are no specific budget lines for providing these services at the central or local government level. Consequently, sustainable funding is lacking for many government-led initiatives in this field, such as the alternative care panels and inspections of residential care facilities, which cannot be held regularly without partner support. Development partners and nongovernmental actors remain the major sources of funding alternative care initiatives for children in the country. However, their financial contributions are not always tracked by the government.

PRELIMINARY RECOMMENDATIONS

During the workshop, groups identified recommendations for each tab. A summary of those recommendations, as well as additional recommendations identified from further analysis of the findings, are provided in Table 1. These preliminary findings will be refined through a comparison of recommendations from existing policies and actions plans and review from CCT members, and prioritized during the action planning meeting.

Table 1. Recommendations, by system component and area of care

Recommendation	Area of Care
Leadership and Governance	
Review the National Framework for Alternative Care to ensure it is consistent with the UN Guidelines on Alternative Care, including incorporating aspects of family strengthening and prevention of unnecessary family separation	Crosscutting
Establish a national alternative care committee to oversee the implementation of alternative care programs countrywide	Crosscutting
Strengthen the capacity of the National ACIU to better lead, plan, implement, and monitor reforms	Crosscutting
Develop and enforce a comprehensive deinstitutionalization strategy that includes the development and dissemination of guidelines for closure or transformation of residential care institutions	Crosscutting
Establish Alternative Care Panels in all districts, and ensure functionality	Crosscutting
Provide independent formal complaint mechanisms to ensure that children in alternative care can safely report abuse and exploitation, or appropriate, independent, and accessible reporting mechanisms for child abuse allegations should be established, with effective and timely follow-up by the authorities	Crosscutting
Disseminate the various policies/laws relating to alternative care countrywide, at all levels	Crosscutting
Strengthen the enforcement of existing legal and policy frameworks	Crosscutting
Ensure that appropriate recommendations for approval, improvement, or closure are made—this includes placing a moratorium on establishment and licensing of new residential CCIs and closing institutions that do not meet the Minimum standards according to the Children (Approved Homes) Rules (2013).	Deinstitutionalization
Ratify the Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption, and ensure domestic legislation is in line with The Hague Convention	Adoption

Recommendation	Area of Care
Strengthen child protection systems, including informal mechanisms to increase oversight of informal kinship care	Kinship care
Develop and implement legislation and guidance which outlines measures to support children who are leaving care and provides for aftercare support	Crosscutting
Service Delivery	
Develop minimum quality standards for all alternative care services (including for family reintegration, foster care, and adoption), and ensure better monitoring of service providers	Crosscutting
Finalize and disseminate case management guidelines to ensure care planning is systematized	Crosscutting
Strengthen the referral system and alternative care local networks to support the gatekeeping mechanisms and support PSWOs in checking the standards of service delivery	Crosscutting
Scale up the provision of and access to family strengthening services to at-risk families (e.g., child-sensitive social-protection schemes, parenting education and support, household economic strengthening)	Prevention
Strengthen the capacity of local governments to supervise and regulate operation of children's homes	Residential care
Unregistered children's homes need to be investigated, registered, and monitored, or closed	Residential care
Strengthen the systems that assess prospective adoptive parents, the matching of children and adopters, and the support provided during the adoption process	Adoption
Develop standard procedures for recruitment, selection, training, and retaining of foster carers	Foster care
Strengthen procedures for transitioning out of foster care (currently, there are no systematic procedures for transitioning children out of foster care placements)	Foster care
Develop a prospective foster parents' registry and establish clear referral mechanisms to ensure prospective foster parents are supported	Foster care
Strengthen community-based mechanisms for identification and verification of prospective foster carers	Foster care
Local councils, police, and PSWOs need to be trained in good practices of foster care and then mandated to support the registration processes under the guidance and supervision of the PSWO	Foster care

Recommendation	Area of Care
Workforce	
Review qualifications and job descriptions for all relevant cadres to ensure all areas of alternative care are addressed (including roles and responsibilities for foster care service provision)	Crosscutting
Establish standard caseload thresholds for all relevant cadres involved in alternative care service provision (probation and social welfare officers, community development officer, para-social workers etc)	Crosscutting
Develop and implement CPD (continuing professional development) programs for local government duty bearers, with CPD credits, in all areas of social work	Crosscutting
Select and train additional para-social workers to ensure ongoing community sensitization around issues related to the care of children and appropriate support for social workers in relation to case assessments, referrals to local services, development of individual child and/or family care plans, mobilization of extended family members, and support in parenting skills	Crosscutting
Develop and implement institutionalized in-service training mechanism for relevant professionals involved in provision of alternative care services and residential care service provision, including probation and social welfare officers, judicial officers, police, teachers, and health workers, among others	Crosscutting
Develop and implement a comprehensive professional induction program to orient PSWOs and other duty bearers on their roles and responsibilities in relation to alternative care service provision. This induction program should take into consideration the different forms of alternative care	Crosscutting
Build the capacity of social workers or other relevant workforce to support family strengthening and family-based care and protection	Prevention
Provide structured trainings for foster carers to give special preparation, support, and counselling services	Foster care
Monitoring and Evaluation Systems	
Develop standardized indicators for monitoring alternative care for children and harmonize existing indicators on alternative care	Crosscutting
Improve data collection on formal care and reporting of these data, especially at the district level	Crosscutting
Undertake systematic documentation of children in residential care facilities into a centralized database	Crosscutting
Develop an alternative care information management system, linked to the OVC MIS, and strengthen the collection, analysis, and use of data relating to alternative care	Crosscutting

Undertake rigorous research, including "action research" on programs around alternative care to identify those which could be replicated	Crosscutting
Review and upgrade OVC MIS to incorporate reunification indicator in details, clarify stakeholder roles	Family reunification
Social Norms and Practices	
Develop an advocacy and communication strategy for addressing negative social norms and practices (e.g. prioritizing family reintegration, kinship and foster care, adoption, rather than residential care)	Crosscutting
Improve awareness among the community, and professionals as to the possible detrimental outcomes for children placed in poor alternative care, and the importance of 'family' life to a child	Crosscutting
Support the MGLSD, through ACIU, to engage with donor community to educate on government and global policies to redirect funding towards family-based care	Deinstitutionalization
Finance	
Conduct cost estimation exercises for all areas of alternative care	Crosscutting
Advocate for the budgetary allocation and release of government funding for alternative care at national and subnational levels (including kinship care)	Crosscutting
Lobby for multisectoral funding to support alternative care service provision at national and district level	Crosscutting
Improve mechanisms to track private and development partners financial contributions to alternative care	Crosscutting
Dialogue with civil society organizations to redirect resources to family preservation and family strengthening services	Prevention
Provide guidance to donors and development partners to prioritize funding organizations that are working towards keeping children in families, through family-based care and family strengthening activities	Deinstitutionalization

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APPENDIX A. PARTICIPANT LIST

SI	Name	Position	Organization
	Government ministries, departments, and agencies		
1.	Kato Freeman Arthur	Coordinator, Alternative Care Implementation Unit	MGLSD
2.	Stella Ogwang	Principal probation officer	MGLSD
3.	Agnes Wasike	Coordinator, Child Protection Working Group	MGLSD
4.	Kenneth Ayebazibwe	Ministry MIS focal person	MGLSD
5.	Mugisha John	Probation officer, Uganda Child Helpline	MGLSD
6.	Esther Nyamahunge	Probation officer	MGLSD
7.	Aacha Mary Orikiriza	Principal assistant secretary (PAS)	MGLSD
8.	Lydia Wasula	Coordinator, OVC National Implementation Unit	MGLSD
9.	Micheal Alule	Probation officer	MGLSD
10.	Loyce Erone Nassanga	Research assistant, Department of Children	MGLSD
11.	Nelson Muhebwa		MGLSD
12.	Martin Arinaitwe	Social worker, trainee	MGLSD
13.	Nakigozi Lorna	Social worker	MGLSD
14.	Jackie Nakifamba	Programme officer	MGLSD
15.	Faridah K. Batenga		MGLSD
16.	Lydia Ssesanga	Prison services	Ministry of Internal Affairs
17.	Aggie Sebowa	Officer, Child Health Division	Ministry of Health
18.	Zaina Nakublwa	Probation and social welfare officer	Kampala Capital City Authority
19.	Patience Angabire	Probation and social welfare officer, Makindye	KCCA, Makindye Division
20.	Mary Nakazibwe	Probation and social welfare officer	Wakiso District Local Government
21.	Sowedi Kitanywa	Probation and social welfare officer	Kasese District Local Government

SI	Name	Position	Organization
22.	Asiimwe Doreen	Probation and social welfare officer	Bushenyi District Local Government
23.	Suzan Alamai	Probation and social welfare officer, Tororo	Tororo District Local Government
24.	David Olwa Sheldrick	Probation and social welfare officer, Amolatar	Amolatar District Local Government
25.	Joshua Mboizi	Probation and social welfare officer, Kamuli	Kamuli District Local Government
26.	Munduru Salila	Probation and social welfare officer, Yumbe	Yumbe District Local Government
27.	William Lochodo Lokutae	Probation and social welfare officer, Moroto	Moroto District Local Government
28.	Joseline Mbabazi Olimi	Senior probation and social welfare officer	Kyenjojo District Local Government
UN agencies and development partners			
29.	Peter Fred Opok	Project management specialist- OVC	USAID Mission/Uganda
30.	Irene Oluka	Child protection officer	UNICEF
Civil society organizations (CSOs)			
31.	James Kaboggoza	Alternative care expert/consultant	World Education / Bantwana
32.	Gorretti Kiiza	USAID learning contract	QED
33.	Caroline Bankusha	Project coordinator	Alternative Care Initiatives
34.	Josephine Tusingwire	Project manager	RETRAK
35.	Mark Riley	Family strengthening advisor	Maestral
36.	Michael Mukholi Naseiro	Family strengthening coordinator	SOS Children's Villages
37.	Lillian Mpabulungi	National program development advisor	SOS Children's Villages
38.	Emmanuel Shanyolah	Sn.r program officer, fostering and adoption	Child's i Foundation
39.	Francis Luganda	Foster programme director	CALM Africa
40.	William Kambona Wilberforce	Capacity building specialist	World Education / Bantwana
41.	Caroline Tilma	Manager, children in safe spaces	Children at Risk Action Network
Residential care facilities			

SI	Name	Position	Organization
42.	Chirstine Kajumba	Probation officer, Naguru Reception Centre	Naguru Reception Center
43.	Maria Kyomugisha	In-Charge, Naguru Remand Home	Naguru Remand Home
44.	Irene Nsangi	Principal probation and welfare officer	Kampiringisa Rehabilitation Center
Academic/research institutions and professional bodies			
45.	Joyce Wanican	Executive director	AfriChildCenter

APPENDIX B. DEFINITIONS OF KEY TERMS IN THE ASSESSMENT TOOL

Best Interest Determination: a formal process with strict procedural safeguards designed to determine the child's best interests for particularly important decisions affecting the child. It should facilitate adequate child participation without discrimination, involve decision-makers with relevant areas of expertise and balance all relevant factors to identify and recommend the best option.

Boarding schools/Internats: facilities that take care of children through their growing years, providing education and residential care. They are usually hosting poor, disadvantaged or orphaned children.

Care institutions: see "institutions"

Children born in custody: children who are born to a mother who is in custody, such as jail or prison.

Community development officers: staff who support vulnerable people within their communities. In some countries, community development officers play a role in the prevention, reintegration, and reunification of children in alternative care.

Community homes: small residential facilities provided for the temporary placement of groups of children without parental care, including children with disability, who often cannot be placed in foster care or adopted.

Complaint mechanism: telephone helplines, websites, or any other system within schools, social welfare, or law enforcement institutions or communities through which children in alternative care can notify concerns regarding their treatment or conditions of placement and report abuse, speak to a trained counsellor in confidence, and ask for support and advice. Such mechanisms should be well-publicized and easily accessible to children and should guarantee the safety of children and confidentiality of reporting.

Data are regularly collected: data that are collected from relevant stakeholders on a routine basis, such as monthly, quarterly, semi-annually or annually. Ideally, the frequency of data collection would be set in national standards, but in the absence of its documentation, frequency may be observed informally, in practice.

Data quality assurance activities: activities to ensure the quality of data collection and to check, verify, or validate the degree to which data correctly describe what they are intended to describe. Activities may include data auditing or data "spot checks," which quickly check for inconsistencies in data or analysis. Other data quality assurance activities may be used as well, such as data cleaning (e.g., removing outliers, missing data interpolation) to remove anomalies in the data and improve data quality for safe information use.

Defined qualifications / profile (of staff): a standard document that outlines the type of educational and/or professional experience that is required to obtain a given position

Disability type: goes beyond if a child is disabled (yes) or not (no) to categorize in which way children are disabled (deaf, mute, blind, physically impaired, autistic, etc.).

Emergency transit center: a safe place where refugee children and their parents could be brought in to prepare for resettlement in a new home, and where they often receive basic services, such as medical examinations and treatment, orientation workshops and language courses geared to the countries where they will be resettling.

Exceptional/Specific circumstances: in the tool they are used in reference to the placement of children ages 0–3 old in residential care or when placement in a family-type setting does not apply. In this context, they refer to the prevention of siblings being separated, as a planned temporary measure or as an emergency short-term response (CELCIS, Moving forward: Implementing the 'Guidelines for the Alternative Care of Children', 2012).

Explicitly references: language and content that is directly written in a document so that a person obviously may find the reference upon looking at the document.

Family group conferencing: a modality by which family members and social workers get together to discuss the situation of the family, how it affects the child (children), and what would be the best care solution for the child.

"Family-type" group homes: like community homes, also called small group homes, these are arrangements whereby children are cared for in small groups, in a manner and under conditions that resemble those of an autonomous family, with one or more specific parental figures as caregivers, but not in those persons' usual domestic environment.

Family reintegration: the process of a separated child making (what is anticipated to be) a permanent transition back to his or her family and community of origin, to receive protection and care and to find a sense of belonging and purpose in all spheres of life (Family for Every Child, Guidelines on Children's Reintegration, 2016).

Family reunification: the process of physically returning children in out-of-home care to their families and communities of origin; after reunification with the family, the process of reintegration occurs (see "family reintegration" definition).

Foster care: situations where children are placed by a competent authority, for alternative care, in the domestic environment of a family other than the children's own family, which has been selected, qualified, approved, and supervised for provision of such care.

Formal kinship care: family-based care within the child's extended family or, in some jurisdictions, with close friends of the family known to the child (often referred to as fictive kin), which has been ordered by a competent administrative body or judicial authority.

Functioning coordination body: group of stakeholders, representing government and nongovernmental stakeholders from different sectors. A body is functional if it is meeting regularly (i.e., per the group's terms of reference).

Gatekeeping: a process of making decisions about care in the best interests of children who are at risk of losing, or already without, adequate parental care. It is a systematic procedure to ensure that alternative care for children is used only when *necessary* and that the child receives the most *suitable* support to meet their individual needs.

Government-authorized agency/commission: a body which was given official permission by the Government to make decisions for something to happen or to give permission to a third party to do something.

Information system: a system for collection, organization, processing, and analysis of data to inform evidence-based decisions about policy or programs. The purpose of an information system is to turn raw data into useful information that can be used for monitoring and evaluation of public policies and program.

Informal kinship care: any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by the extended family or close friends of the family known to the child in their individual capacity, at the initiative of the child, his or her parents, or another person, without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body.

Institutions / institutional care: an institution, or facility, which has the purpose of providing care and supervision for children on a 24-hour basis. In some countries, these are also referred to as "orphanages" or "residential care" (see definition of residential care).

Knowledge, attitudes, and practice survey: also known as a KAP survey, this is a representative study of a specific population to collect information on what is known, believed, and done in relation to a topic. It helps reveal misconceptions and misunderstandings that influence people's behaviors around a given topic. In many cases these are used to help identify common barriers (related to people's behaviors) to a program, service, or change occurring.

Legal provisions: a statement within an agreement or a law that a particular thing must happen or be done (Cambridge dictionary).

Monitoring mechanism (to ensure good quality services): mechanism to observe if services or programs are being implemented according to national quality service standards, acting as an accountability and learning mechanism to enhance the quality of care and/or support services.

 Mother and baby units: a service addressed to mothers who are in crisis situations and at risk of placing their children in alternative care. In such a unit, a mother can live for a limited period with her child or children, while social workers assist in preparing her for an independent life. In many cases, the mother learns parenting skills, and in some cases, she is supported to finish her education and/or gain employment and is assisted in repairing her relationship with her family.

National guidelines: a government document that describes a process or program; guidelines are often used to determine a course of action and support the implementation of a program, activity, or idea.

National policy: a course of government action in response to public problems. The policy is usually put in practice through laws and regulations, strategies, national programs, and action plans.

Non-relative informal care: any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by people other than members of the extended family or close friends, in their individual capacity, at the initiative of the child, his/her parents, or other person, without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body.

Oversight mechanism: a body, agency, or commission whose role is to supervise the implementation of policies and observance of legal provisions. In some jurisdictions, they have the mandate to force regulators and service providers to demonstrate and justify the relevance of their regulation (potential and existing) or compliance with certain standards, respectively, as well as to offer them technical advice.

Para professional: The term "para" is defined as "next to" or "alongside of." The para

professional would typically work next to or support the work of a professional in the same field. A para-professional worker is trained to perform certain functions, but not always legally certified or licensed to practice as a full professional, which in some fields requires college or university degrees or specialized training.

Para professional social service workers: refers to supervised para-professional staff or volunteers—often community based—who have received training to assist in the delivery of foundational social welfare services effectively.

Para social worker: A supervised para professional staff person or volunteer—often community-based—who serves the needs of vulnerable individuals including children and families, particularly where social welfare systems are underdeveloped or severely stretched.

Prospective adoptive parents: adult(s) that have usually cared for a child for a designated period and are likely to legally adopt the child. Often courts are the agency responsible for identifying and determining if parent(s) meet criteria to later adopt a child.

Quality assurance (of services): a systematic process of checking to see whether a service is meeting and maintaining a desired level of quality as stipulated in official standards of practice or minimum quality standards.

Registration (of children and/or caregivers): documentation of the name, contact, and other details of a person used for tracking people.

Regulatory framework: government documented principles, rules or laws to govern behaviors, programs, services, etc. Regulation of a given issue may be fully covered in one document, or in multiple documents. A regulatory "framework" accounts for all relevant documents.

Residential care: care provided in any non-family-based group setting, such as places of safety for emergency care, transit centers in emergency situations, and all other short- and long-term residential care facilities, including group homes.

Residential special schools: schools providing education and residential care to children with disability and children with special education needs.

Respite services: Planned, short-term care of a child, usually based on foster or residential care, to give the child's family a break from caring for them.

Service delivery: a way in which services are delivered to intended beneficiaries. This includes knowledge on who is providing what type of services, and the knowledge that these services are being provided to intended beneficiaries. This does not account for the ability of services provided to reach all people in need of them; it merely acknowledges the existence of services.

Social norms: collective representations of acceptable group conduct as well as individual perceptions of group conduct that govern the **behavior** of members of a society or community.

Social service workforce: describes a variety of workers—paid and unpaid, governmental and nongovernmental—who staff the social service system and contribute to the care of vulnerable populations.

Social welfare officers: staff, often employed by the government, who manage and monitor social services. In some countries, this position requires a social work degree. Responsibilities of these officers vary across countries, but they may include child protection case management, provision of counselling and referral to access basic social services, among other responsibilities.

Specialized support (related to disability): specific health, education, care, case management services, etc., adapted to the needs of children with disabilities.

Standard indicators to monitor: metrics to regularly measure progress that have been recorded and defined to ensure common understanding and use.

Standards of practice to promote quality: documented benchmarks that describe details of how services and programs should be delivered to provide quality care and support.

Standardized process: in the context of the tool means "children are assessed through standardized processes to determine when they are ready to transition out of care." In this context, this refers to the tools and documented procedures to assess children with the explicit purpose of deciding if the child is ready to transition out of a current care situation.

Strategy: a government documented plan or course of action to achieve a medium- or long-term goal. It generally involves setting goals, determining actions to achieve the goals, and mobilizing resources to execute the actions. Strategies often support the practical implementation of a national policy.

Subnational: the government administrative levels under the national or central level. In many countries these are called provinces, regions, rayons, districts or wards.

Supervised independent living: settings where children and young persons, accommodated in the community and living alone or in a small group, are encouraged and enabled to acquire the necessary competencies for autonomy in society through appropriate contact with, and access to, support workers. Such arrangements and support may be provided for individuals or small groups.

Temporary placement centers: institution for a temporary home, care, and protection of the child in difficulty until reintegration into the biological, extended, or adoptive family. Usually, children should not stay longer than 12 months in the center.

Therapists: medical and para-medical staff, including speech therapists, kineto-therapists, therapeutic masseurs, psycho-therapists, etc.

Unaccompanied children: an up to 18-year-old child whose parents (or the only parent) has died, has been deprived of parental rights, has been declared incompetent to take care of the child, or avoids taking care of the child or protect their rights and interests, or has been recognized as dead, missing, or unknown by procedures prescribed by the Law.

Voluntary registration (of informal caregivers): formalization of the informal care arrangement after a suitable lapse of time to the extent that the arrangement has proved to be in the best interests of the child to date and is expected to continue in the foreseeable future. This formalization should be done with the consent of the child and parents concerned.

APPENDIX C. PARTICIPANTS' GROUP COMPOSITION

	Group 1	Group 2	Group 3	Group 4
Facilitator	**Joyce Wanican**	**James Kabogozza Sembatya**	**Zaina Nakublwa**	**Kato Freeman Arthur**
Note taker	**Eve Namisango**	**Irene Oluka**	**Sowedi Kitanywa**	**Emmanuel Shanyolah**
Participants	Alule Micheal David Olwa Sheldrick Doreen Asiimwe Esther Nyamahunge Irene Nsangi Mary Nakazibwe Stella Ogwang William Lochodo Lokutae William Kambona Wilberforce	Agnes Wasike Francis Luganda Gorreti Kiiza Jackie Nakifamba Josephine Tusingwire Kenneth Ayebazibwe Lydia Ssesanga Mark Riley Michael Mukholi Naseiro	Caroline Bankusha Faridah Batenga Fred Okello Opok Joseline Mbabazi Olimi Lillian Mpabulungi Martin Arinaitwe Mary Aacha Orikiriza Munduru Salila Patience Angabire Nelson Muhebwa Suzan Alamai	Aggie Sebowa Asiimwe Doreen Caroline Tilma Christine Kajumba John Mugisha Joshua Mboizi Loyce Erone Nassanga Lydia Wasula Maria Kyomugisha Nakigozi Lorna

APPENDIX D. ALTERNATIVE CARE PROJECTS IN UGANDA

Project	Years	Implementers	Description
Sustainable Outcomes for Children and Youth Better Outcomes for Children and Youth	2016–2020	Sustainable Outcomes for Children and Youth, led by Catholic Relief Services, targets 17 districts in central and western Uganda, while Better Outcomes for Children and Youth, led by WEI/Bantwana, targets 13 districts in northern and eastern Uganda.	These two USAID-funded projects seek to improve the health, nutrition, education, and psychosocial well-being of vulnerable children and to reduce their abuse, exploitation, and neglect. Both projects focus on strengthening households economically and supporting parents; strengthening the capacity of local governments and CSOs to improve access to services (health, social welfare, shelter, and education) for vulnerable families and children; and improving the coordination of community-based services to effectively retain children along the continuum of care. Both projects also support the establishment of alternative care panels and strengthening the capacity of districts to supervise and regulate the operations of children's homes in accordance with the National ACF 2012 and the Children (Approved Homes) Rule 2013
Deinstitutionalization of Orphans and Vulnerable Children (DOVCU)	2014–2017	DOVCU is implemented by a consortium that includes ChildFund International (lead), TPO Uganda, Retrak, and Child's i Foundation	This USAID/DCOF-funded project aims to improve the well-being of more than 43,200 vulnerable children and to reintegrate at least 2,087 children currently living in residential care or on the street into family-based care. DOVCU will work in the 12 districts with the highest burden of children living in residential care. This project takes an integrated approach to alternative care for children: it promotes nurturing care and positive parenting through parental skills training, and economic strengthening through cash transfers, to reduce the unnecessary separation of children from their families. The project also aims to place children currently living outside family care in family-based care and to build the capacity of PSWOs and childcare institutions to support case management, conduct family tracing, and assess and monitor households at risk of separation.
Keeping Children in Healthy and Protective Families	2015–2019	Catholic Relief Services/ 4Children, with Makerere University, TPO, and Child's i Foundation	This USAID/DCOF-funded project works to reintegrate children living in residential care facilities into family-based care and aims to add to the evidence base by testing the effects on successful reintegration of a package of family-support interventions, including reintegration case management support, cash transfers, and a parenting program. As part of this effort, guidelines for family reintegration are under development. KCHPF also supports decentralized responses to family strengthening, such as the development of district alternative care action plans.

Project	Years	Implementers	Description
Family Resilience (FARE)	2015–2018	Association of Volunteers in International Service, Retrak	FARE is part of a larger project called Accelerating Strategies for Practical Innovation & Research in Economic Strengthening (ASPIRES), implemented by FHI 360. ASPIRES is funded by PEPFAR and USAID's Office of HIV/AIDS and DCOF. It seeks to reintegrate separated children living on the streets or in childcare institutions into more resilient families and communities and prevent the unnecessary child-family separation from families assessed as being at high risk of separation in two districts: Wakiso and Kampala. Families identified as being at risk of child separation receive parenting and life skills training, psychosocial support, and referrals for additional services as needed.
Economic Strengthening to Keep and Reintegrate Children into Families (ESFAM)	2015–2018	ChildFund International	Like FARE, ESFAM is part of ASPIRES. It focuses on reintegrating 350 children from childcare institutions/residential care facilities and preventing family-child separation in 350 families assessed as being at high risk of separation in three districts: Gulu, Kamuli, and Luwero. All ESFAM households will receive case management, parenting skills, psychosocial, and economic strengthening support.
Sustainable Comprehensive Responses for Vulnerable Children (SCORE)	2011–2018	Association of Volunteers in International Service Uganda, with CARE, TPO, and FHI 360	This seven-year USAID-funded project aims to decrease the vulnerability of critically and moderately vulnerable children and their households through interventions to improve household socioeconomic status, provide food security and nutrition, increase the availability of protection and legal services for vulnerable children and their households, and increase access to ECD services for children ages 0–5. The first phase of the project (2011–2016) targeted 35 districts in Uganda; the second phase (2016–2018) focuses on 23 districts.
Strong Beginnings—A Family for All Children	2014–2015	ANPPCAN, Child's i Foundation, Alternative care Initiatives, and Department of Social Work and Social Administration (DSWSA), Makerere University	Funded by Terre des Hommes Netherlands, the project focused on preventing unnecessary separation of children, reintegrating children from childcare institutions into family care, and improving the quality of care in residential homes, with a renewed commitment to permanent family-based care and increased capacity to ensure the continuum of care. The project targeted three districts: Wakiso, Kampala, and Jinja.
Strengthening Uganda's National Response for Implementation of Services for	2010–2015	International HIV/AIDS Alliance in Uganda, Uganda Women's Effort to Save Orphans (UWESO)	This five-year USAID-funded project focused on enhancing the capacity of local governments to deliver and monitor high-quality, comprehensive, and scaled-up services for OVC in 80 out of 112 districts in Uganda. Intervention centered on

Project	Years	Implementers	Description
Orphans and Other Vulnerable Children (SUNRISE-OVC)		and Management Sciences for Health (MSH)	strengthening the social service workforce, promoting demand for and utilization of OVC data and strategic information by districts, and improving coordination.

APPENDIX D. TOOL FOR ASSESSING, ADDRESSING, AND MONITORING NATIONAL CARE REFORM, IN LINE WITH THE UNITED NATIONS GUIDELINES FOR CHILDREN IN ALTERNATIVE CARE

Introduction

Ensuring children grow up in protective family care, free from deprivation, exploitation, and danger, is a priority for many countries. Significant improvements have been made in government systems and policies related to the well-being and development of vulnerable children, with particular attention to preserving and facilitating children's access to appropriate, protective, and permanent family care. The United States Agency for International Development (USAID) Displaced Children and Orphans Fund (DCOF), along with several other stakeholders, invest in strengthening government systems to ensure family-based care for children around the world. MEASURE Evaluation, with support from USAID/DCOF, developed this tool to support countries as they assess, address, and monitor national care system reform.

This tool applies the United Nations (UN) Guidelines for the Alternative Care of Children.* The structure of the tool follows a framework that covers key areas of caring for children outside of family care: foster care, residential care, supervised independent living, kinship care, other forms of informal care, adoption, and family reunification and system deinstitutionalization. This tool also has questions related to preventing unnecessary child-family separation, which is a critical component of keeping children in family-based care. As shown in the graphic, the tool applies a system strengthening framework. We present system components that are commonly agreed upon to be critical to sustainably and effectively strengthening national systems.

Response Types

All statements in the tool have drop-down response options. There are two sets of different response options in the tool, and only one type of response option per statement. Participants must select from the drop-down list provided for each question. The two different response options are as follows:

Where possible responses can fall across a range, these are the options:

Response Option 1—select one response from a drop-down list of four options:

      1) Completely: This statement is fully correct/true and there is no room for improvement.

2) Partly: This statement is somewhat correct/true and moderate improvements are needed.

3) Not at all: This statement is incorrect/untrue and there is substantial room for improvement.

4) Not applicable: This statement does not apply; development of this area is not part of the country's plans/strategy.

Where possible responses are clear-cut, these are the options:

Response Option 2—select one response from a drop-down list of three options:

1) Yes: This statement is fully correct/true and there is no room for improvement.

2) No: This statement is incorrect/untrue and moderate to substantial improvements are needed.

3) Not applicable: This statement does not apply; development of this area is not part of the country's plans/strategy.

PREVENTION OF UNNECESSARY FAMILY SEPARATION

Leadership & Governance

1. Legal provisions exist to strengthen families or ensure support for families in meeting their responsibilities towards their child and to prevent children from entering alternative care unnecessarily.
2. National policy or strategy exists that addresses provisions to strengthen and support families as a means to prevent unnecessary child-family separation.
    2.1. Policy or strategy is current (includes the current year).
    2.2. Relevant governmental and nongovernmental actors have been oriented or trained on their roles and responsibilities related to implementing the national policy/strategy.
    2.3. There are subnational policies/strategies that align with the national policy/strategy.

3a. National policy/strategy that includes provisions to strengthen/support families explicitly references the following service areas as a means to prevent unnecessary child-family separation:

3a.1.   Improving parenting skills

3a.2.   Early child development and care

3a.3.   Economic strengthening (e.g., access to savings and loans, cash transfers, skills training, or support for income-generating activities)

3a.4.   Access to education services (e.g., provision of school supplies or school fees/vouchers)

3a.5.   Access to health services (e.g., community-based health services or health vouchers/insurance)

3a.6.   Support and care services for single and adolescent parents and their children

3a.7.   Psychosocial support

3a.8.   Dealing with alcohol/substance abuse

3a.9.   Respite services

3a.10.   Increasing capacities of parents with disabilities

3a.11.   Specialized services (e.g., health, education, or case management) to support children with disabilities to live with families in the community

3a.12.   Services for dealing with children born in custody

3a.13.   Other? Specify:

3b. The following service areas are being provided:

3b.1.   Improving parenting skills

3b.2.   Early child development and care

3b.3.   Economic strengthening (e.g., access to savings and loans, cash transfers, skills training, or support for income-generating activities)

3b.4.   Access to education services (e.g., provision of school supplies or school fees/vouchers)

3b.5.   Access to health services (e.g., community-based health services or health vouchers/insurance)

3b.6.   Support and care services for single and adolescent parents and their children

3b.7.   Psychosocial support

3b.8.   Dealing with alcohol/substance abuse

3b.9.   Respite services

3b.10.   Increasing capacities of parents with disabilities

3b.11.   Specialized services (e.g., health, education, or case management) to support children with disabilities to live with families in the community

3b.12.   Services for dealing with children born in custody

3b.13.   Other? Specify:

Service Delivery

4. Standards of practice to promote quality of family strengthening/support services exist.
    4.1. The standards of practice are being used to guide service delivery provided by government actors.
    4.2. The standards of practice are being used to guide service delivery provided by nongovernmental actors.
5. A monitoring mechanism to ensure good-quality delivery of family strengthening/support services exists:

5.1. Quality assurance of delivery of family strengthening/support services occurs regularly (per national standards, if applicable).

5.2. National guidelines clearly state what happens when family strengthening/support service providers do not meet the minimum standards.

Monitoring and Evaluation (M&E) and Information Systems

6. Standard indicators to monitor provisions for prevention of unnecessary child-family separation exist.
7. Data are regularly collected (e.g., annually or quarterly) to monitor family strengthening/support services/programs.

    7.1. This includes data both from governmental and nongovernmental actors.
8. It is possible to disaggregate data related to family strengthening/support services/programs by:

    8.1. Locality (urban/rural)

    8.2. Ethnicity (as appropriate)

    8.3. Sex of child

    8.4. Age of child

    8.5. Disability type

    8.6. Other? Specify:
9. Data quality assurance activities for data related to family strengthening services/programs are conducted regularly (at least 1 time per year or according to applicable national guidelines).

Financing

10. Financial resources required for services to strengthen/support families as a means to prevent unnecessary child-family separation have been estimated.
11. Costs for activities to strengthen/support families as a means to prevent children from entering alternative care unnecessarily are included as a government budget line item in the:

    11.1. National/central government budget

    11.2. Subnational/local government budget
12. Funding to support activities to strengthen/support families as a means to prevent children from entering alternative care unnecessarily was allocated per the government budget(s).

ALTERNATIVE CARE: CROSSCUTTING

Leadership & Governance

1. A regulatory framework for a standard process for referrals/admission of a child to an alternative care setting exists.
2. There is a government-authorized agency/commission at the national level responsible for referring or deciding admission of a child to formal alternative care.
3. There is a government-authorized agency/commission at subnational levels responsible for referring or deciding admission of a child to formal alternative care.

4. There is a functioning national coordination body that provides multisectoral oversight to ensure compliance with alternative care policies.

5a. National policies/strategies relevant to alternative care include the following provisions:

5a.1.   A child is removed from the care of the family only as a measure of last resort, temporarily, and for the shortest possible duration.

5a.2.   Poverty is never the only justification for the removal of a child from parental care.

5a.3.   Each child without parental care is provided a legal guardian or other recognized responsible adult or competent public body.

5a.4.   The removal of a child against the will of his or her parents is always made by an authorized administrative body or judicial authority.

5a. 5. Parents and carers participate in matters affecting the care of their children, including in administrative and judicial proceedings.

5a.6.   Extended family participate in placement decisions for a child, when appropriate (e.g., "family group conferencing").

5a.7.   Children's views are given due weight in accordance with their age and maturity by administrative and judicial proceedings.

5a.8.   A standard complaint mechanism exists for children in formal care.

5a.9.   Children in alternative care are enabled to understand the rules, regulations, and objectives of the care setting and their rights and obligations therein.

5a.10. Alternative care placements are as close as possible to the child's place of residence.

5a.11. Siblings are placed together, unless it is contrary to their best interests.

5a.12. Contact is maintained between the child and family while the child is in alternative care, whenever possible.

5a.13. Children are assessed through standardized processes, to determine when they are ready to leave care.

5a.14. Children under 3 years old are placed in a family-based setting, unless specific circumstances apply.

5a.15. Children with disabilities who are in alternative care are receiving specialized support.

5a.16. Children in alternative care whose caregivers are disabled are receiving specialized support.

5a.17. Children in emergency/special circumstances are being placed in temporary care.

5b. The following areas of alternative care policy are occurring in service delivery:

5b.1.   A child is removed from the care of the family only as a measure of last resort, temporarily, and for the shortest possible duration.

5b.2.   Poverty is never the only justification for the removal of a child from parental care.

5b.3.   Each child without parental care is provided a legal guardian or other recognized responsible adult or competent public body.

5b.4.   The removal of a child against the will of his or her parents is always made by an authorized administrative body or judicial authority.

5b. 5.   Parents and carers participate in matters affecting the care of their children, including in administrative and judicial proceedings.

5b.6.   Extended family participate in placement decisions for a child, when appropriate (e.g., "family group conferencing").

5b.7.   Children's views are given due weight in accordance with their age and maturity by administrative and judicial proceedings.

5b.8.   A standard complaint mechanism exists for children in formal care.

5b.9.   Children in alternative care are enabled to understand the rules, regulations, and objectives of the care setting and their rights and obligations therein.

5b.10.   Alternative care placements are as close as possible to the child's place of residence.

5b.11.   Siblings are placed together, unless it is contrary to their best interests.

5b.12.   Contact is maintained between the child and family while the child is in alternative care, whenever possible.

5b.13.   Children are assessed through standardized processes, to determine when they are ready to leave care.

5b.14.   Children under 3 years old are placed in a family-based setting, unless specific circumstances apply.

5b.15.   Children with disabilities who are in alternative care are receiving specialized support.

5b.16.   Children in alternative care whose caregivers are disabled are receiving specialized support.

5b.17.   Children in emergency/special circumstances are being placed in temporary care.

Service Delivery

6. Mandatory procedures for the assessment, planning, and reviewing of children's alternative care placements (e.g., case management guidelines) exist.
   6.1. Relevant governmental and nongovernmental actors have been oriented or trained on these procedures.

7. These procedures specify each of the following:

  7.1. Procedures to conduct an assessment of the circumstances affecting the child that takes into account the child's immediate safety and well-being, as well as his or her longer-term care and development

  7.2. Procedures for stating the specific goals and measures to achieve them in each plan for a child's alternative care (e.g., care plan)

  7.3. Procedures to inform each child and his or her parents or legal guardians about the alternative care options available, the implications of each option, and the child's rights and obligations in the matter

  7.4. Procedures for how guardians and potential caregivers (i.e., foster caregivers) should participate in the preparation, enforcement, and evaluation of protective measures that will be carried out for a child

  7.5. A policy stating that care plans for children in alternative care should be reviewed regularly (at a mandatory interval) to consider placement in permanent family care (e.g., return to family, kinship care, adoption, or long-term foster care)

  7.6. Procedures for closure of an alternative care case

  7.7. Procedures for specialized case management support for children with disabilities

  7.8. Procedures for specialized case management support for children with special needs who leave care

  7.9. Procedures for the child's case file to follow the child throughout the alternative care period

  7.10.   Procedures to document or register and trace unaccompanied or separated children in emergency situations

8. All service providers of formal alternative care are registered and authorized to operate by a competent authority.

  8.1. Authorization of service providers is regularly reviewed by the competent authorities on the basis of standard criteria specified in the law and/or standards.

Workforce

9. The following staff employed in areas related to alternative care have defined qualifications/profiles relevant to their roles and responsibilities:

  9.1. Government social workers

  9.2. Nongovernmental social workers

  9.3. Child protection specialists

  9.4. Healthcare workers

  9.5. Therapists

  9.6. Educators

  9.7. Foster carers

  9.8. Youth care professionals

  9.9. Social welfare officers

  9.10.   Community development officers

  9.11.   Institutional care providers

  9.12.   Others? Specify:

10a. Standard caseload thresholds (i.e., number of children in care per worker) exist for the following cadres:

    10a.1.   Social workers

    10a.2.   Child protection specialists

    10a.3.   Healthcare workers

    10a.4.   Therapists

    10a.5.   Educators

    10a.6.   Foster carers

    10a.7.   Youth care professionals

    10a.8.   Social welfare officers

    10a.9.   Community development officers

    10a.10.   Institutional care providers

    10a.11.   Other? Specify:

10b. The current workforce meets the standard caseload thresholds for the following cadres:

    10b.1.   Social workers

    10b.2.   Child protection specialists

    10b.3.   Healthcare workers

    10b.4.   Therapists

    10b.5.   Educators

    10b.6.   Foster carers

    10b.7.   Youth care professionals

    10b.8.   Social welfare officers

    10b.9.   Community development officers

    10b.10   Institutional care providers

    10b.11.   Other? Specify:

11. Roles and responsibilities related to the following areas of alternative care are included in the workforce schemes of service/job descriptions for the appropriate staff (see list in Questions #9–10).

    11.1.   Prevention of unnecessary family separation

    11.2.   Foster care

    11.3.   Residential care

    11.4.   Supervised independent living

11.5.   Formal kinship care

11.6.   Informal kinship care

11.7.   Non-relative informal care

11.8.   Adoption

11.9.   Family reunification

11.10.   System deinstitutionalization

12. Training and other capacity building opportunities to improve skills related to alternative care are provided regularly to the following cadres:

12.1.   Social workers

12.2.   Child protection specialists

12.3.   Healthcare workers

12.4.   Therapists

12.5.   Educators

12.6.   Foster carers

12.7.   Youth care professionals

12.8.   Social welfare officers

12.9.   Community development officers

12.10.   Institutional care providers

12.11.   Other? Specify:

Monitoring and Evaluation (M&E) and Information Systems

13. There are data at national and subnational levels that describe the reasons children are placed in alternative care.

14. There are data at the national and subnational levels on the number of children who are unaccompanied or separated in emergency situations.

15. Multisectoral forums (e.g., body or commission) exist where data on alternative care are regularly shared and reviewed.

15.1. At the national level

15.2. At subnational levels

FOSTER CARE

Leadership & Governance

1. Legal provisions for foster care exist.

2. National policy or strategy that addresses provisions for foster care services exists.

2.1. Policy or strategy is current (includes the current year).

2.2. National policy/strategy includes a systematic process to determine the best interest of the child (e.g., gatekeeping) for foster care determinations.

2.3. Relevant governmental and nongovernmental actors have been oriented or trained on their roles and responsibilities related to implementing the national policy/strategy.

2.4. There are subnational policies/strategies that align with the national policy/strategy.
3. There is a national regulatory framework to authorize/register foster carers.
4. There is an official state body (or bodies) responsible for ensuring all providers of foster care comply with national standards through inspections.

Service Delivery

5. National policy/strategy that includes foster care explicitly references provision of special preparation, support, and/or counselling services for foster carers available before, during, and after the placement.
   5.1. Preparation, support, and/or counselling services for foster carers are being provided before, during, and after placement.
6. Standards of practice to promote the quality of foster care services exist.
   6.1. The standards of practice are being used to guide service delivery provided by government actors.
   6.2. The standards of practice are being used to guide service delivery provided by nongovernmental actors.
7. A monitoring mechanism to ensure good-quality foster care services exists.
   7.1. Quality assurance of foster care services is conducted regularly (per national standards, if applicable).
   7.2. National guidelines clearly state what happens when foster carers do not meet the minimum standards.
8. Foster care placement options are available for referrals by authorities responsible for placing children.

Monitoring and Evaluation (M&E) and Information Systems

9. Standardized indicators to monitor provisions for foster care exist.
10. Data are regularly collected (annually, quarterly, etc.) to monitor foster care services/programs.
    10.1. This includes data both from governmental and nongovernmental actors.
11. It is possible to disaggregate foster care data by:
    11.1. Length of stay in foster care
    11.2. Locality (urban/rural)
    11.3. Ethnicity (as appropriate)
    11.4. Sex of child
    11.5. Age of child
    11.6. Disability type
    11.7. Other? Specify:
12. Data quality assurance activities for data related to foster care are conducted regularly (at least 1 time per year or according to applicable national guidelines).

Financing

13. Financial resources for foster care services have been estimated.
14. Costs for foster care are a government budget line item in the:
    14.1. National/central government budget
    14.2. Subnational/local government budget

Funding to support provisions for foster care was allocated per the government budget(s).

RESIDENTIAL CARE

Leadership & Governance

1. Legal provisions for residential care exist.
2. National policy or strategy that addresses provisions for residential type placement exists.
    2.1. Policy or strategy is current (includes the current year).
    2.2. Policy/strategy includes provisions for public residential care facilities.
    2.3. Policy/strategy includes provisions for private residential care facilities.
    2.4. Policy/strategy includes provisions for determining whether or not a child should be placed in residential care (gatekeeping mechanism).
    2.5. Policy/strategy explicitly prohibits the placement of children 0–3 years old in residential care (except in exceptional circumstances).
    2.6. Relevant governmental and nongovernmental actors have been oriented or trained on their roles and responsibilities related to implementing national policy/strategy.
    2.7. There are subnational policies/strategies that align with the national policy/strategy.
3. There is a national regulatory framework to ensure authorization/registration of residential care facilities.
4. There is an official state body (or bodies) responsible for ensuring all residential care facilities comply with national standards for residential care, through inspections.

5a. The national policy/strategy that includes residential care explicitly references provision of the following residential care facilities:

    5a.1.   Mother and baby units

    5a.2.   Temporary placement centers

    5a.3.   Community homes

    5a.4.   "Family-type" group homes

    5a.5.   Emergency transit centers

    5a.6.   Boarding schools/internats acting as residential care facilities

    5a.7.   Residential special schools

    5a.8.   Specialized care facilities providing rehabilitation services

    5a.9.   Other (please specify):

5b. The following residential care facilities exist:

    5b.1.   Mother and baby units

    5b.2.   Temporary placement centers

5b.3.   Community homes

5b.4.   "Family-type" group homes

5b.5.   Emergency transit centers

5b.6.   Boarding schools/internats acting as residential care facilities

5b.7.   Residential special schools

5b.8.   Specialized care facilities providing rehabilitation services

5b.9.   Other (please specify):

Service Delivery

6. Services provided in residential care facilities meet the needs of children with disabilities and other special needs.
7. Standards of practice to promote quality residential care services for children exist.
    7.1. The standards of practice outline complaint mechanisms for children in residential care to safely report abuse and exploitation.
    7.2. The standards of practice are being used to guide public residential care facilities.
    7.3. The standards of practice are being used to guide private residential care facilities.
8. A monitoring mechanism to ensure good-quality residential care exists.
    8.1. Quality assurance of residential care services is conducted regularly (per national standards, if applicable).
    8.2. National guidelines clearly state what happens when residential care facilities do not meet the minimum standards.

Monitoring and Evaluation (M&E) and Information Systems

9. Standard indicators to monitor provisions for residential care facilities exist.
10. Data are regularly collected (annually, quarterly, etc.) to monitor residential care.
    10.1.   These include data both from governmental and nongovernmental actors.
11. It is possible to disaggregate data related to residential care by:
    11.1.   Type of care facility (e.g., public, private, temporary placement centre, group homes)
    11.2.   Reasons that led to the placement of children in residential care institutions (e.g., poverty or lack of family-type services) as documented by the decisions of the gatekeeping mechanisms
    11.3.   Length of stay in residential care
    11.4.   Locality (urban/rural)
    11.5.   Ethnicity (as appropriate)
    11.6.   Sex of child
    11.7.   Age of child
    11.8.   Disability type
    11.9.   Other? Specify:

12. Data quality assurance activities for data related to residential care are conducted regularly (at least 1 time per year or according to applicable national guidelines).

Financing

13. Financial resources for residential care services are estimated.
14. Costs for residential care are included as a government budget line item in the:
    14.1.   National/central government budget
    14.2.   Subnational/local government budget
15. Funding to support the functioning of residential care facilities was allocated per the government budget(s).

SUPERVISED INDEPENDENT LIVING ARRANGEMENTS

Leadership & Governance

1. Legal provisions for supervised independent living exist.
2. National policy or strategy that addresses provisions for supervised independent living arrangements exists.
    2.1. Policy or strategy is current (includes the current year).
    2.2. Relevant governmental and nongovernmental actors have been oriented or trained on their roles and responsibilities related to implementing national policy/strategy.
    2.3. There are subnational policies/strategies that align with the national policy/strategy.
3. There is an official state body (or bodies) responsible for ensuring all supervised independent living arrangements comply with national standards, through inspections.

Service Delivery

4. National policy/strategy that includes supervised independent living explicitly references provision for special preparation, support, and/or counselling services for children/youth before, during, and after supervised independent living placements.
    4.1. Preparation, support, and/or counselling services for children/youth are being provided before, during, and after placement in supervised independent living.
5. Standards of practice related to supervised independent living arrangements exist.
    5.1. The standards of practice/guidelines are being used to guide service delivery provided by government actors.
    5.2. The standards of practice are being used to guide service delivery provided by nongovernmental actors.
6. A monitoring mechanism exists to ensure good quality of supervised independent living services.
    6.1. Quality assurance of supervised independent living services is conducted regularly (per national standards, if applicable).
    6.2. National guidelines clearly state what happens when supervised independent living arrangements do not meet the minimum standards.

Monitoring and Evaluation (M&E) and Information Systems

7. Standardized indicators to monitor provisions for supervised independent living exist.
8. Data are regularly collected (annually, quarterly, etc.) to monitor supervised independent living services/programs.
    8.1. These include data both from governmental and nongovernmental actors.
9. It is possible to disaggregate data related to supervised independent living by:
    9.1. Locality (urban/rural)
    9.2. Ethnicity (as appropriate)
    9.3. Sex of child
    9.4. Age of child
    9.5. Disability type
    9.6. Other? Specify:
10. Data quality assurance activities for data related to supervised independent living are conducted regularly (at least 1 time per year or according to applicable national guidelines).

Financing

11. Financial resources for supervised independent living arrangements are estimated.
12. Costs for supervised independent living arrangements are included as a budget line item in the:
    12.1. National/central government budget
    12.2. Subnational/local government budget
13. Funding to support supervised independent living was allocated per the government budget(s).

KINSHIP CARE

Leadership & Governance

1. Legal provisions for kinship care exist.
2. National policy or strategy that addresses provisions for kinship care exists.
    2.1. Policy or strategy is current (includes the current year).
    2.2. Policy or strategy describes provisions both for formal and informal kinship care.
    2.3. The role of informal kinship carers and their de facto responsibility for the child are recognized in the policy/strategy.
    2.4. Policy/strategy explicitly references special preparation, support, and/or counselling services for kinship carers before, during, and after the placement.
    2.5. Relevant governmental and nongovernmental actors involved in kinship care have been oriented or trained on their roles and responsibilities related to implementing national policy/strategy.
    2.6. There are subnational polices/strategies that align with the national policy/strategy.
3. National policy/strategy that includes provisions for kinship care comprises the following:
    3.1. Systematic process to determine the best interest of the child (e.g., gatekeeping) for placement in formal kinship care

3.2. Description of the role of government to provide support and/or oversight of informal kinship care arrangements
4. A system of registration of kinship carers exists.
    4.1. Authorization/registration of kinship carers is regulated in the law.
    4.2. Authorities encourage informal kinship carers to notify of their informal care arrangement (e.g., by raising awareness on the financial support and services available for the child's welfare and protection).
    4.3. Authorities encourage voluntary registration of informal kinship carers (by providing assistance for preparing the documents, explaining the benefits of formalizing the care arrangement, etc.).

Service Delivery

5. Special preparation, support, and/or counselling services are available to formal kinship carers before, during, and after the placement.
6. Informal kinship caregivers are ensured access to available services and benefits, to help them discharge their duty to care for and protect the child.
    6.1. Informal kinship care arrangements are assessed, as a basis for providing support and/or oversight.
7. Standards of practice to promote good-quality kinship care exist.
8. A monitoring mechanism to ensure good-quality kinship care placements exists.
    8.1. Quality assurance of kinship care placements is conducted regularly (per national standards, if applicable).
    8.2. National legislation and/or guidelines clearly state what happens when kinship carers do not meet the minimum standards.
9. Oversight mechanisms for informal kinship care exist.

Monitoring and Evaluation (M&E) and Information Systems

10. There is a system to document/register and trace children in kinship care.
11. Standard indicators to monitor kinship care provisions exist.
12. Data are regularly collected (annually, quarterly, etc.) to monitor kinship care.
    12.1.   These include data both from governmental and nongovernmental actors.
13. It is possible to disaggregate data on kinship care services by:
    13.1.   Length of stay in formal kinship care
    13.2.   Locality (urban/rural)
    13.3.   Care arrangement (formal kinship care placement/informal kinship care)
    13.4.   Ethnicity (as appropriate)
    13.5.   Sex of child
    13.6.   Age of child
    13.7.   Disability type
    13.8.   Other? Specify:
14. Data quality assurance activities are conducted regularly for data related to kinship care (at least 1 time per year or according to applicable national guidelines).

Financing

15. Financial resources for kinship care have been estimated.
16. Costs for kinship care are included as a government budget line item in the:
    16.1.   National/central government budget
    16.2.   Subnational/local government budget
17. Funding to support kinship care was allocated per the government budgets.

OTHER FORMS OF CARE: NONRELATIVE INFORMAL CARE

Leadership & Governance

1. Legal provisions for nonrelative informal care exist.
2. National policy or strategy that addresses provisions for nonrelative informal care exist.
   2.1. Policy or strategy is current (includes the current year).
   2.2. The role of nonrelative informal carers and their de facto responsibility for the child are recognized in national policy/strategy.
   2.3. Policy/strategy references services and benefits for nonrelative informal carers.
   2.4. Relevant governmental and nongovernmental actors involved in nonrelative informal care have been oriented or trained on their roles and responsibilities related to implementing national policy/strategy.
   2.5. There are subnational policies/strategies that align with the national policy/strategy.
3. The role of government to provide support and/or oversight of nonrelative informal care arrangements is described in the national policy/strategy.
4. A system of registration of nonrelative informal carers exists.
   4.1. Authorities encourage nonrelative informal carers to notify them of their informal care arrangement (e.g., by raising awareness on the financial support and services available for the child's welfare and protection).
   4.2. Authorities encourage voluntary registration of nonrelative informal caregivers (by providing assistance for preparing the documents, explaining the benefits of formalizing the care arrangement, etc.).

Service Delivery

5. Nonrelative informal caregivers are ensured access to available services and benefits to help them discharge their duty to care for and protect the child.
   5.1. Nonrelative informal care arrangements are assessed as a basis for providing support and/or oversight.
6. Oversight mechanisms of nonrelative informal care exist.
   6.1. The government devised special measures to protect children in nonrelative informal care from abuse, neglect, child labor, and all forms of exploitation.

Monitoring and Evaluation (M&E) and Information Systems

7. A system to document/register and trace children in nonrelative informal care exists.
8. Standard indicators to monitor nonrelative informal care exist.
9. Data are regularly collected (annually, quarterly, etc.) to monitor nonrelative informal care.
   9.1. These include data both from governmental and nongovernmental actors.
10. It is possible to disaggregate data on nonrelative informal care services by:
    10.1.   Length of stay in care
    10.2.   Locality (urban/rural)
    10.3.   Ethnicity (as appropriate)
    10.4.   Sex of child
    10.5.   Age of child
    10.6.   Disability type
    10.7.   Other? Specify:

Financing

11. Financial resources for nonrelative informal care have been estimated.
12. Costs for nonrelative informal care are included as a government budget line item in the:
    12.1.   National/central government budget
    12.2.   Subnational/local government budget
13. Funding to support nonrelative informal care was allocated per the government budget(s).

ADOPTION

Leadership & Governance

1. The Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption has been ratified by your country.
2. Legislation on intercountry adoption has been implemented to comply with the Hague Convention.
3. National policy or strategy that addresses provisions for adoption exists.
   3.1. Policy or strategy is current (includes the current year).
   3.2. Policy/strategy includes provisions both for domestic and intercountry adoption.
   3.3. Policy/strategy includes a systematic process for determining the best interest of the child (e.g., gatekeeping) for adoption.
   3.4. Policy/strategy includes a process/criteria for determining adoption that requires either verification that the child is an orphan or consent of birth parents or caregivers.
   3.5. Relevant governmental and nongovernmental actors have been oriented or trained on their roles and responsibilities related to implementing national policy/strategy.
   3.6. There are subnational policies/strategies that align with the national policy/strategy.
4. There is a designated body/agency in charge of adoption determinations.

4.1. Ensures domestic adoption complies with national standards

4.2. Ensures intercountry adoption complies with national standards

4.3. The body/agency has an established mechanism for cooperation with authorities in countries receiving intercountry adoption.

5. Criteria for accrediting or authorizing agencies involved in adoption placements exist.

   5.1. Related to domestic adoption agencies

   5.2. Related to intercountry adoption agencies

6. There is a national regulatory framework to ensure authorization/registration of prospective adoptive parents (PAPs).

   6.1. Related to domestic adoption agencies

   6.2. Related to intercountry adoption agencies

7. Limits are imposed on fees, costs, contributions, and donations required or solicited by state and non-state actors, institutions, and individuals for intercountry adoption services.

Service Delivery

8. National policy/strategy that includes adoption explicitly references special preparation, support, and/or counselling services for PAPs before, during, and after the placement.

   8.1. Preparation, support, and/or counselling services for PAPs are being provided before, during, and after placement.

9. There is a national regulatory framework to ensure a clear and documented process for determining a child is eligible for adoption.

10. There is a national regulatory framework to ensure a clear and documented process for obtaining voluntary and appropriate consent of birth parents for adoption.

11. Standards of practice to promote quality adoption placements exist.

    11.1. The standards of practice are being used to guide service delivery provided by government actors.

    11.2. The standards of practice are being used to guide service delivery provided by nongovernmental actors.

12. Post-adoption monitoring mechanisms exist.

    12.1. For domestic adoption

    12.2. For intercountry adoption

13. Adoption placements occurring in the last 12 months are authorized/registered.

Monitoring and Evaluation (M&E) and Information Systems

14. Standardized indicators to monitor provisions for domestic and intercountry adoption exist.
15. Data are regularly collected (annually, quarterly, etc.) to monitor adoption.
    15.1.   These include data both from governmental and nongovernmental actors.
16. It is possible to disaggregate data on adoption by:
    16.1.   Domestic vs. intercountry adoption
    16.2.   Geographic placement of child
    16.3.   Sex of child
    16.4.   Ethnicity (if appropriate)
    16.5.   Age of child
    16.6.   Disability type
    16.7.   Other? Specify:
17. Data quality assurance activities for data related to adoption are conducted regularly (at least 1 time per year or according to applicable national guidelines).

Financing

18. Financial resources for adoption are estimated.
19. Costs of adoption services are included as a budget line item in the:
    19.1.   National/central government budget
    19.2.   Subnational/local government budget
20. Funding to support adoption placements was allocated per the government budget(s).

FAMILY REUNIFICATION AND REINTEGRATION

Leadership & Governance

1. Legal provisions for family reunification exist.
2. National policy or strategy that addresses provisions for child-family reunification and reintegration exists.
   2.1. Policy or strategy is current (includes the current year).
   2.2. Relevant governmental and nongovernmental actors (civil society organizations, private sector, etc.) involved in reunification have been oriented or trained on their roles and responsibilities related to implementing national policy/strategy.
   2.3. There are subnational policies/strategies that align with the national policy/strategy.
3. National policy/strategy that includes provisions for child-family reunification includes the following:
   3.1. Systematic process to determine the best interest of the child (e.g., gatekeeping) for family reunification determinations
   3.2. A process for involving children in reunification decisions (e.g., timing or placement)

3.3. Guidelines for completing a transition plan that includes preparing families and children for reunification

3.4. Process for addressing children aging out of care

Service Delivery

4. National policy/strategy that includes family reunification explicitly references services for families prior to/post reunification (psychosocial, financial, etc.).
   4.1. Services for families prior to/post reunification are being provided.
5. Standards of practice to promote quality reintegration and reunification exist.
   5.1. The standards of practice are being used to guide service delivery provided by government actors.
   5.2. The standards of practice are being used to guide service delivery provided by nongovernmental actors.
6. A monitoring mechanism to ensure quality delivery of family reintegration services exists.
   6.1. Quality assurance of delivery of reintegration services occurs regularly (per national standards, if applicable).
   6.2. What happens when families do not meet the minimum standards is clearly stated in national guidelines.

Monitoring and Evaluation (M&E) and Information Systems

7. Standard indicators to monitor provisions for child-family reunification and reintegration exist.
8. Data are regularly collected (annually, quarterly, etc.) to monitor family reunification services/programs.
   8.1. These include data both from governmental and nongovernmental actors.
9. Data to routinely track the number of children from pre-reunification to post-reunification exist.
10. It is possible to disaggregate family reunification and reintegration data by:
    10.1.   Length of stay in family
    10.2.   Locality (urban/rural)
    10.3.   Pre-reunification type of care (foster care, residential care, kinship care, etc.)Ethnicity (as appropriate)
    10.4.   Ethnicity (as appropriate)
    10.5.   Sex of child
    10.6.   Age of child
    10.7.   Disability type
    10.8.   Other? Specify:
11. Data quality assurance activities for data related to child-family reunification and reintegration are conducted regularly (at least 1 time per year or according to applicable national guidelines).

Financing

12. Financial resources for child-family reunification and reintegration services have been estimated.
13. Costs for child-family reunification and reintegration are included as a government budget line item in the:
    13.1.   National/central government budget
    13.2.   Subnational/local government budget
14. Funding to provide support for reunification and reintegration was allocated per the government budget(s).

DEINSTITUTIONALIZATION OF THE SYSTEM

Leadership & Governance

1. There are legal provisions to shift away from residential care toward family-based care.
2. There are legal provisions that prevent new, large-scale residential institutions from being set up.
3. National policy or strategy that addresses deinstitutionalization of the formal care system exists.
    3.1. Policy or strategy is current (includes the current year).
    3.2. Policy/strategy takes into account the needs of children with disabilities and other special needs.
    3.3. Policy/strategy gives priority to the deinstitutionalization of children 0–3 years old.
    3.4. Relevant governmental and nongovernmental actors have been oriented or trained on their roles and responsibilities related to implementing national policy/strategy.
4. There is an official state body responsible for overseeing the system deinstitutionalization process.
    4.1. This body is multisectoral, including all relevant government agencies in its membership.
5. Guidelines on how to appropriately close or transform residential care facilities exist.
    5.1. Residential care facility staff are oriented/trained on these guidelines.
    5.2. Mechanisms exist to monitor the closure/transformation of residential care facilities (timelines for closure/transformation, reports, site monitoring, etc.).

Monitoring and Evaluation (M&E) and Information Systems

6. There are indicators to measure progress on system deinstitutionalization.
7. Data are regularly collected (annually, quarterly, etc.) to monitor system deinstitutionalization processes.

Social Norms & Practices

8. A knowledge, attitudes, and practice survey (or equivalent) that covers norms and behaviors related to alternative care is conducted periodically (per national standards).
9. Activities (awareness campaigns, trainings, etc.) aimed at changing negative social norms related to child institutionalization (e.g., prioritizing residential care instead of family-based care) are conducted regularly.
    9.1. These activities target the general public
    9.2. These activities target national and subnational government staff.

9.3. These activities target frontline staff involved in caring for children.
10. An advocacy and communication strategy on positive norms related to alternative care exists.

Workforce

11. Retraining and redeployment opportunities are provided (where possible) to carers and other staff employed in large-scale residential institutions.

Financing

12. There is an estimate of the costs required to transition to a system that prioritizes family-based care.
13. Costs for transitioning to a system that prioritizes family-based care are included as a government budget line item in the:
    13.1.   National/central government budget
    13.2.   Subnational/local government budget
14. Funding to support activities to transition to a system that prioritizes family-based care was allocated per the government budget(s).
15. A plan/strategy to redirect savings from institutional closures to community-based services to support children in families exists.
16. Funds saved through the closure of an institution are used for developing other prevention and/or other alternative care services.